

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 366424158  
Report Date: 08/05/2021  
Date Signed: 08/05/2021 12:36:54 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: YUCAIPA VALLEY BOARD & CARE	FACILITY NUMBER: 366424158
ADMINISTRATOR: DANIELLA TODORUT	FACILITY TYPE: 740
ADDRESS: 33176 COLORADO STREET	TELEPHONE: (909) 795-3065
CITY: YUCAIPA	STATE: CA
CAPACITY: 5	ZIP CODE: 92399
TYPE OF VISIT: Required - 1 Year	CENSUS: 3
MET WITH: Aniko Barlow, Administrator	DATE: 08/05/2021
	UNANNOUNCED TIME BEGAN: 11:45 AM
	TIME COMPLETED: 12:40 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Yolanda Delgado made an unannounced visit to the facility to conduct
2	an annual inspection with an emphasis on infection control. LPA arrived at 11:45 AM, LPA were met by
3	Aniko Barlow, Administrator and explained the purpose of the visit. Present in the facility during time of
4	visit were two (2) staff as well as three (3) residents. There are currently no cases of COVID-19 within
5	the facility.
6	
7	During today's visit, LPA toured the facility and made observations pertaining to the facility's infection
8	control measures. LPA observed proper signage throughout the facility, sufficient hand hygiene supplies,
9	sufficient cleaning and disinfecting provisions, and proper use of face coverings. The facility has a
10	designated infection control lead person who has been tasked with tracking all COVID-19 cases and/or
11	suspected cases, ensuring PPE supplies are maintained, cleaning and disinfection provisions are in
12	adequate quantities, and that staff are trained in the proper use and disposal of PPE and overall
13	infection control. The facility has a plan in place which follows Community Care Licensing guidelines for
14	when and how long to test staff and residents for COVID-19, when and how to isolate/quarantine
15	residents, and when to schedule cleaning and disinfection times of high traffic and frequently touched
16	areas. The facility also has a plan in place to monitor resident(s) regularly for any changes in condition
17	and to subsequently notify the resident(s) physician and to notify all emergency agencies in the event of
18	any COVID-19 related and/or suspected illnesses.
19	
20	Based on the observations made during today's visit, no deficiencies were cited per Title 22, Division 6,
21	of the California Code or Regulations. An exit interview to review this report was conducted and a copy
22	of this report was provided.
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Yolanda Delgado

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/05/2021

**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/05/2021

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**