

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366424424
Report Date: 02/25/2022
Date Signed: 02/25/2022 11:19:38 AM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME: GENESIS MANOR VI	FACILITY NUMBER: 366424424
ADMINISTRATOR: DAVID MARKIE	FACILITY TYPE: 740
ADDRESS: 6936 AMETHYST AVENUE	TELEPHONE: (909) 262-9802
CITY: ALTA LOMA	STATE: CA
CAPACITY: 6	ZIP CODE: 91701
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
MET WITH: Josephine Sandigan, caregiver	DATE: 02/25/2022
	UNANNOUNCED TIME BEGAN: 11:05 AM
	TIME COMPLETED: 11:30 AM

NARRATIVE	
1	On 2/25/22 Licensing Program Analyst (LPA) Shaunte Henry arrived at the facility to conduct an
2	unannounced annual inspection with an emphasis on infection control. LPA met with caregiver,
3	Josephine Sandigan, explained the nature of the inspection and was granted entry into the facility. As of
4	this date, there are no positive COVID-19 cases or individuals with COVID-like symptoms present in the
5	facility.
6	
7	LPA toured the facility with the caregiver. There is one point of entry for routine COVID-19 symptoms
8	screening is initiated for all residents, staff and visitors. Signs have been posted throughout the facility
9	which indicates the visitor policy and proper hand washing, cough/sneeze etiquette, and social
10	distancing practices. Facility also documents daily temperature and COVID-19 symptom checks, and
11	any change in condition for staff and residents. LPA observed hand sanitizer throughout the facility. LPA
12	observed a sufficient supply of hand hygiene, cleaning and disinfecting items. LPA observed a sufficient
13	supply of Personal Protective Equipment (PPE) that included surgical masks, N-95 masks, face shields,
14	gloves, gowns, glasses, etc. The facility has a designated infection control person who is responsible for
15	ensuring that the facility is compliance with infection control practices. The facility has a COVID
16	mitigation plan in place, which outlines testing requirements, isolating/quarantining positive COVID-19
17	cases, proper cleaning/sanitizing/disinfecting and monitoring of individuals for COVID-like symptoms.
18	The facility is aware that it is mandatory that Community Care Licensing (CCL) is contacted if anyone
19	tests positive for COVID-19.
20	
21	According to California Code of Regulations, Title 22, Division 6, there were no deficiencies observed or
22	cited during this visit. An exit interview was conducted where this report was discussed with and
23	provided to Josephine Sandigan .
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Nedra Brown
NAME OF LICENSING PROGRAM ANALYST: Shaunte Henry

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/25/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/25/2022

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