

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366424424
Report Date: 02/26/2025
Date Signed: 02/26/2025 03:07:31 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 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
DIRECTOR:	
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: 3
	DATE: 02/26/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 12:40 PM
MET WITH: Administrator - David Markie	TIME VISIT/INSPECTION
	COMPLETED: 03:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Mary Rico made an unannounced visit to the facility. The purpose of
2	the visit was to conduct a required comprehensive annual inspection. LPA met with caregiver Marietta
3	Tecson was granted entry to the facility. Licensed capacity is (6) current census (3). LPA was
4	accompanied by caregiver Marietta Tecson to conduct a general overall inspection, which included, but
5	was not limited to, the following:
6	
7	<u>Physical Plant:</u> The facility is operating in the capacity approved by Community Care Licensing (CCL).
8	There are no obstructions to indoor and outdoor passageways. The facility is maintained at a
9	comfortable temperature. LPA inspected resident bedrooms; they are equipped with required furniture
10	such as: mattresses, night stands, storage space, and sufficient lighting; bathrooms were clean, and
11	appliances were operating appropriately. LPA observed sufficient furniture and lighting throughout the
12	facility. The facility is equipped with operating smoke detectors and carbon monoxide alarms. Posters
13	such as personal rights, the CCL complaint poster, and the disaster plan were posted in a common area.
14	Cleaning supplies, toxins, sharps, and other dangerous items were kept inaccessible to clients in care.
15	There was a designated space for resident/staff files. Overall, the facility is clean, in good repair, and
16	operating in safe conditions for residents in care. <u>Food Service:</u> Non-perishable and perishable food
17	supply is sufficient for number of residents in care. Facility has a variety of food available for residents.
18	Dishes, cups, and utensils were also stored properly. <u>Care & Supervision:</u> Facility has sufficient care
19	staff for coverage 24 hours a day, 7 days a week.
20	
21	<u>Record Review:</u> LPA reviewed (3) resident files for admission agreements, updated physician reports,
22	and needs and services plans. LPA reviewed (3) resident medications and (1) hospice files. LPA also
23	reviewed (4) staff files for First Aid/CPR certification, criminal record clearance, training's, and health
24	screenings.
25	

Based on the observations made during today's visit, no deficiencies were cited per Title 22, Division 6, of the California Code of Regulations. An exit interview was conducted, and this report (LIC809) was discussed and provided to Administrator David E Markie.

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon

NAME OF LICENSING PROGRAM ANALYST: Mary Rico

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/26/2025

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