

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366425270
Report Date: 05/26/2021
Date Signed: 05/26/2021 03:00:35 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
FACILITY EVALUATION REPORT	

FACILITY NAME: ABRIA DEL CIELO	FACILITY NUMBER: 366425270
ADMINISTRATOR: CRISELDA ESPIRITU SANTO	FACILITY TYPE: 740
ADDRESS: 1589 N. WATERMAN AVE	TELEPHONE: (909) 884-4757
CITY: SAN BERNARDINO STATE: CA	ZIP CODE: 92404
CAPACITY: 240	CENSUS: 160 DATE: 05/26/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 11:20 AM
MET WITH: Administrator MaCriselda Espiritu Santo	TIME COMPLETED: 12:11 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Javina George made an unannounced visit to the facility to conduct an
2	annual inspection focused on infection control. LPA was greeted and granted entry by Chili Bowen and
3	explained the purpose of the visit. Administrator greeted LPA in the office. The facility currently has zero
4	positive or suspected Covid-19 cases.
5	
6	During today's visit, LPA toured the facility and made observations regarding the infection control
7	measures that the facility has implemented. LPA observed Covid-19 postings posted throughout the
8	facility. The facility has an adequate amount of hand hygiene supplies (soap, hand sanitizer), as well as
9	Personal Protective Equipment (PPE) supplies. Staff were also observed wearing appropriate face
10	coverings (surgical masks, and KN95 masks).
11	
12	The facility has a plan in place to monitor residents regularly for any changes in condition, which
13	includes random daily temperature checks. The Facility will contact the resident's physician should there
14	be event of any COVID-19 related illnesses. The facility also has a designated infection control lead that
15	is responsible for monitoring the facility's PPE supply, communicating any updated information from the
16	CDC and recommendations from Community Care Licensing.
17	
18	Based on the observations made during today's visit, no deficiencies were cited per Title 22, Division 6,
19	of the California Code of Regulations. However a Technical assistance was discussed for properly
20	logging the daily temperature checks.
21	
22	An exit interview was conducted, and a copy of this report was provided to Administrator MaCriselda
23	Espiritu Santo.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Joel Esquivel
NAME OF LICENSING PROGRAM ANALYST: Javina George

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/26/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/26/2021

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