

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366425914
Report Date: 11/03/2021
Date Signed: 11/03/2021 12:07:20 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: JULINDA'S HOME CARE	FACILITY NUMBER: 366425914
ADMINISTRATOR: RODRIGUEZ, JULINDA	FACILITY TYPE: 740
ADDRESS: 13945 IVY AVE.	TELEPHONE: (909) 371-0314
CITY: FONTANA	STATE: CA
CAPACITY: 6	ZIP CODE: 92335
TYPE OF VISIT: Required - 1 Year	CENSUS: 1
MET WITH: Julinda Rodriguez	DATE: 11/03/2021
	UNANNOUNCED TIME BEGAN: 10:50 AM
	TIME COMPLETED: 12:20 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Melody Brown made an unannounced visit to the facility to conduct an
2	annual inspection, with emphasis on infection control. LPA was greeted and granted entrance by
3	Administrator Julinda Rodriguez and LPA Brown explained the purpose of today's visit. Administrator
4	Rodriguez accompanied LPA Brown on a tour of the inside and outside of the facility.
5	
6	During today's visit, LPA Brown made observation pertaining to the facility's current infection control
7	measures. LPA Brown observed a screening area, proper signages throughout the facility, sufficient
8	hand hygiene supplies, cleaning supplies, and a sufficient supply of Personal Protective Equipment
9	(PPE). The facility has a designated infection control lead person who has been tasked with tracking all
10	COVID-19 cases and/or suspected cases, cleaning and disinfection are in adequate quantities, and that
11	staff are trained in overall infection control. The facility has a plan in place which follows Community
12	Care Licensing guidelines for when and how long to test staff and clients for COVID-19, when and how
13	to isolate/quarantine resident, and when to schedule cleaning and disinfection times of high traffic and
14	frequently touched areas/surfaces. The facility also has a plan in place to monitor resident regularly for
15	any changes in condition and to subsequently notify the resident's physician and to notify all emergency
16	agencies in the event of any COVID-19 related and/or suspected illnesses.
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18	
19	
20	Based on the observations made during today's visit, no deficiencies were cited.
21	An exit interview was conducted, and a copy of this report was provided to Administrator Julinda
22	Rodriguez.
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Melody Brown

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/03/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/03/2021

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