

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366425914

Report Date: 11/05/2024

Date Signed: 11/05/2024 02:34:39 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: JULINDA'S HOME CARE	FACILITY NUMBER: 366425914
ADMINISTRATOR/RODRIGUEZ, JULINDA DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 13945 IVY AVE.	TELEPHONE: (909) 371-0314
CITY: FONTANA	STATE: CA ZIP CODE: 92335
CAPACITY: 6	CENSUS: 0 DATE: 11/05/2024
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION 12:09 PM
MET WITH: Julinda Rodriguez	BEGAN: TIME VISIT/INSPECTION 02:40 PM
	COMPLETED:

NARRATIVE	
1	Licensing Program Analysts (LPAs) Paola Guerrero and Beena Singh made an unannounced visit to the
2	facility. The purpose of the visit was to conduct a required comprehensive annual inspection LPAs met
3	with Facility Administrator Julinda Rodriguez and was granted entry to the facility. At the time of the visit
4	there was one (1) staff present, facility currently has no residents. The facility is a four (4) bedroom, two
5	(2), bathroom home, with a kitchen/dining area, living room, and attached garage. The facility is a
6	Residential Care Facility for Elderly (RCFE) Licensed capacity is (6) current census (0). LPAs was
7	accompanied by Facility Administrator, to conduct a general overall inspection, which included, but was
8	not limited to, the following:
9	
10	<u>Physical Plant:</u> The facility is operating in the capacity approved by Community Care Licensing (CCL).
11	There are no obstructions to indoor and outdoor passageways. The facility is maintained at a
12	comfortable temperature. LPAs inspected resident bedrooms; they are equipped with required furniture
13	such as: mattresses, nightstands, storage space, and sufficient lighting; bathrooms were clean, and
14	appliances were operating appropriately. LPAs observed sufficient furniture and lighting throughout the
15	facility. LPAs measured and observed the water temperatures in the bathrooms to be at 111 degrees F
16	The facility is equipped with operating smoke detectors and carbon monoxide alarms. Posters such as
17	personal rights, the CCL complaint poster, and the disaster plan were posted in a common area.
18	Cleaning supplies, toxins, sharps, and other dangerous items were kept inaccessible to residents in
19	care. There was a designated storage space for resident/staff files. Overall, the facility is clean, in good
20	repair, and operating in safe conditions for residents in care.
21	
22	<u>Food Service:</u> Non-perishable and perishable food supply is sufficient for number of residents in care.
23	
24	<u>Care & Supervision:</u> Facility currently has no residents in care.
25	

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon

NAME OF LICENSING PROGRAM ANALYST: Paola Guerrero
LICENSING PROGRAM ANALYST SIGNATURE:  **DATE:** 11/05/2024

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

FACILITY REPRESENTATIVE SIGNATURE:  **DATE:** 11/05/2024

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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FACILITY NAME: JULINDA'S HOME CARE **FACILITY NUMBER:** 366425914
VISIT DATE: 11/05/2024

NARRATIVE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p><u>Record Review:</u> LPAs reviewed one (1) staff files for First Aid/CPR certification, criminal record clearance, training's, and health screenings.</p> <p>Based on the observations made during today's visit, no deficiencies were cited per Title 22, Division 6, of the California Code of Regulations.</p> <p>An exit interview was conducted, and this report (LIC809) was discussed and provided to Facility Administrator Julinda Rodriguez.</p>
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NAME OF LICENSING PROGRAM ANALYST: Paola Guerrero
LICENSING PROGRAM ANALYST SIGNATURE:  **DATE:** 11/05/2024

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