

Department of

# SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 366426141

Report Date: 11/09/2021

Date Signed: 02/27/2023 04:37:26 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: HALCYON PLACE I	FACILITY NUMBER: 366426141
ADMINISTRATOR: MARYA ALPERT	FACILITY TYPE: 740
ADDRESS: 6947 KIRKWOOD AVENUE	TELEPHONE: (951) 818-6667
CITY: ALTA LOMA	STATE: CA
CAPACITY: 6	ZIP CODE: 91701
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Eva Tancinco, caregiver	DATE: 11/09/2021
	UNANNOUNCED TIME BEGAN: 01:50 PM
	TIME COMPLETED: 02:20 PM

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

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/09/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/09/2021

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