

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 372004436

Report Date: 10/16/2024

Date Signed: 10/21/2024 02:57:44 PM

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

FACILITY NAME:	MAPLE MANOR	FACILITY NUMBER:	372004436
ADMINISTRATOR/SNEZANA DJUKIC DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	1744 SO. MAPLE	TELEPHONE:	(760) 743-0632
CITY:	ESCONDIDO	STATE: CA	ZIP CODE: 92025
CAPACITY:	31	CENSUS: 17	DATE: 10/16/2024
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	09:00 AM
MET WITH:	Administrator, Snezana Djukic	BEGAN: TIME VISIT/INSPECTION	11:25 AM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Kathleen Banrasavong arrived unannounced to conduct an annual
2 inspection. Upon arrival LPA was greeted by facility staff and granted entry. LPA began inspection with
3 introduction and visit purpose. Upon arrival LPA learned that seventeen (17) residents live at this facility.
4 There was five (5) staff members present. The Administrator, Snezana Djukic was advised of the annual
5 and came to conduct and completed the facility tour.
6
7 **Client Records/Incident Reports/Clients Rights Information:** LPA reviewed client records. Five (5)
8 records were reviewed. LPA reviewed for identification and emergency information, admission
9 agreement, medical assessment, and TB test results, needs and service plans, placement, functional
10 assessment, centrally stored medication/destruction records, safeguard for personal property/valuables,
11 and personal rights notification.
12
13 **Personnel Records/Training/ Staffing/ Administration:** LPA reviewed employee records. Three (3)
14 records were reviewed. LPA reviewed employee records for first aid certification, criminal record
15 clearance or an exemption, health screening and TB test results, employee rights, training verification,
16 and current administrative organization. Snezana Djukic, Administrator's certificate expiration date was
17 08/23/2025.
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22 **Food Service:** Food prep areas are clean and organized. Food supply meets the requirement of one (1)
23 week supply of nonperishable and two (2) day supply of perishables. Emergency food and water supply
24 is present. There is a location for sharps in the kitchen.
25

SUPERVISORS NAME: Jazmond D Harris
LICENSING EVALUATOR NAME: Kathleen Banrasavong

LICENSING EVALUATOR SIGNATURE:



DATE: 10/16/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/16/2024

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

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
RIVERSIDE, CA 92507

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: MAPLE MANOR

FACILITY NUMBER: 372004436

VISIT DATE: 10/16/2024

NARRATIVE

1 **Physical Plant and Safety of Environment/Operational Requirements:** LPA toured the facility inside
 2 and outside. LPA observed the facility to be clean and in good repair. The facility is maintained at 75
 3 degrees for the client's comfort. Lighting is sufficient for safety. Water temperature measured 108.0
 4 degrees F. Laundry is done in the laundry room. There is a locked location for storing laundry soap,
 5 cleaning supplies and chemicals in the closet in the garage. All outdoor and indoor passageways are
 6 free of obstruction. Emergency lighting is available. There is a telephone working at this location. LPA
 7 dialed the facility's landline number, which rang and was operable. The LIC 610, emergency disaster
 8 plan is maintained. There are no firearms at this facility. There are zero (0) fireplaces at this facility.
 9 There are zero (0) pools at the facility. There are two (2) secured gates that have a self-latching lock
 10 located on the northwest and northeast sides of the house. LPA observed emergency supplies and two
 11 (2) first aid kits. The last emergency fire drill was conducted on 08/23/2024.

13 **Infection Control:** The LPA observed the hand washing stations in the facility restrooms and kitchen
 14 had hand hygiene supplies and hand washing signs. LPA observed PPE equipment and cleaning
 15 supplies to do regular cleaning of the facility. LPA reviewed the facility's infection control plan which met
 16 department requirements. LPA reviewed staff records and found that staff had infection control training.

18 **Medications/Health Related Services/Incidental Medical Services:** The medications are centrally
 19 stored. There is a locked cabinet allocated for medication storage. Centrally stored medication and
 20 destruction logs are maintained separately. LPA reviewed medication logs and observed that they were
 21 dispensed accurately.

SUPERVISORS NAME: Jazmond D Harris

LICENSING EVALUATOR NAME: Kathleen Banrasavong

LICENSING EVALUATOR SIGNATURE:

DATE: 10/16/2024

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/16/2024

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** MAPLE MANOR**FACILITY NUMBER:** 372004436**VISIT DATE:** 10/16/2024**NARRATIVE**

1 LPA made observation throughout the inspection process to assess if the facility remains in conformity
 2 with the State Fire Marshall regulations. LPA observed several smoke detectors and carbon monoxide
 3 detectors throughout the facility. LPA observed six (6) fire extinguishers on site, date charged was
 4 06/19/2024. The City of Escondido's fire department conducted their inspection on 08/22/2024.
 5

6 Pursuant to Title 22 of The California Code of Regulations Division 6, there are zero (0) deficiencies
 7 observed. An exit interview was conducted, this LIC 809 was reviewed with, and a copy of this report
 8 was provided to Administrator, Snezana Djukic.
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SUPERVISORS NAME: Jazmond D Harris**LICENSING EVALUATOR NAME:** Kathleen Banrasavong**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/16/2024**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 10/16/2024