

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603157
Report Date: 09/23/2024
Date Signed: 09/23/2024 12:03:26 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:	OUR FAMILY CARE HOME, LLC	FACILITY NUMBER:	374603157
ADMINISTRATOR/CODAY, BRIAN		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	810 CENTENNIAL DRIVE	TELEPHONE:	(760) 630-2762
CITY:	VISTA	STATE: CA	ZIP CODE: 92081
CAPACITY: 6		CENSUS: 6	DATE: 09/23/2024
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	10:15 AM
		BEGAN:	
MET WITH:	Administrator - Brian Coday	TIME VISIT/INSPECTION	12:15 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Sara Martinez conducted an unannounced annual required visit. LPA was granted entry and met with caregiver Norely Molina who was informed of the purpose of today's visit. Administrator Brian Coday and Norlyn Coday arrived during LPA's visit. At the time of the visit there was two (2) staff and six (6) residents present. LPA conducted a tour of the interior and exterior, reviewed facility documents and conducted interviews. LPA observed the following:
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7	Physical plant, floors, windows, and doors were observed to be clean. Fixtures and furniture were in good repair were present. LPA observed outdoor furniture and shaded area for clients. Detergents, cleaning solutions, and sharp and dangerous objects were observed to be locked and inaccessible to residents. The smoke detector and carbon monoxide was operational, and the hot water temperature met department requirements. Facility kitchen had the ability to prepare food in clean environment and possessed equipment in good working condition. LPA observed the facility met the required 2-day supply of perishable and 7-day supply of non-perishable foods.
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13	LPA reviewed staff files and training. All staff have the required personnel records on file and criminal record clearance and updated training. Four (4) resident files were reviewed and possessed all required paperwork which included Admissions Agreement, Needs and Service Plan, and updated Physician's Report. The listed administrator possesses a current administrator's certificate that expires in 2025. Resident medication was centrally stored and locked in a medication cabinet located in the kitchen. LPA reviewed medications prescribed to three (3) residents and found all medication with required labeling found to be in place. LPA reviewed the facility's emergency and disaster plan and infection control plan. Facility conducts quarterly fire drills with the last fire drill being conducted on 09/03/2024. All facility exits were clear from obstructions. LPA observed emergency supplies, multiple charged fire extinguishers, and first aid kit with all required items. No deficiencies were cited at the time of the visit. An exit interview was conducted where a copy of this report was provided to Administrator Coday.
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SUPERVISORS NAME: Tricia Danielson
LICENSING EVALUATOR NAME: Sara Martinez
LICENSING EVALUATOR SIGNATURE:



DATE: 09/23/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/23/2024

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