

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 374604618

Report Date: 12/02/2024

Date Signed: 12/02/2024 12:29:10 PM

Document Has Been Signed on 12/02/2024 12:29 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: ALPINE VIEW LODGE	FACILITY NUMBER: 374604618
ADMINISTRATOR/REYNOLDS, ANGELA DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 973 ARNOLD WAY	TELEPHONE: (626) 437-5821
CITY: ALPINE	STATE: CA
CAPACITY: 38	ZIP CODE: 91901
TYPE OF VISIT: Required - 1 Year	CENSUS: 31
	DATE: 12/02/2024
	UNANNOUNCED TIME VISIT/ INSPECTION
	BEGAN: 09:00 AM
MET WITH: Licensee Helen Qian	TIME VISIT/ INSPECTION
	COMPLETED: 11:45 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Alyssa Ramirez, made an unannounced visit to conduct the required
2	One-Year Inspection. LPA was granted entry into the facility by Licensee Helen Qian, after identifying
3	herself and stating the purpose of the inspection. Facility serves elderly residents ages 60 and above;
4	approved for thirty-eight (38) bedridden residents and approved hospice waiver for fifteen (15) residents.
5	The facility is also approved for a secured perimeter with no water feature on the premise. Facilities
6	current census is thirty-one (31).
7	
8	LPA was accompanied by staff during a tour of the facility. A tour of the facility was conducted which
9	included a sample of resident units, the dining area, recreation rooms, and food storage areas. Signal
10	systems are in place and operational. PPE supplies are on-site. Passageways were free from
11	obstructions.
12	
13	Resident rooms were equipped with required furnishings. Hot water temperature accessible to clients
14	were compliant. Carbon monoxide detectors, emergency lighting, and facility telephone were all
15	working. Fire extinguisher(s) and first aid kit (s) were complete and readily accessible. Required
16	licensing postings were observed in visible areas of the facility. Facility has sufficient food supply.
17	Centrally stored medications were properly stored and locked in cabinets.
18	
19	LPA reviewed staff and resident files. Files were complete and secured in a locked area.
20	
21	
22	An exit interview was conducted with Licensee Qian, to whom copies of this report, and the
23	Licensee/Appeal Rights (LIC9058 03/22) were provided at the conclusion of the visit. Their signature on
24	this form acknowledges receipt and a copy of the report was given to Licensee Qian.
25	

NAME OF LICENSING PROGRAM MANAGER: Robyn Clark

**NAME OF LICENSING PROGRAM ANALYST:** Alyssa Ramirez

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 12/02/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 12/02/2024

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