

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 392700564

Report Date: 05/24/2021

Date Signed: 05/25/2021 08:15:41 AM

COMPREHENSIVE INSPECTION

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 2525 NATOMAS PARK DR. STE.270 SACRAMENTO, CA 95833
FACILITY EVALUATION REPORT	

FACILITY NAME:	BRIONES FAMILY HOMECARE	FACILITY NUMBER:	392700564
ADMINISTRATOR:	BRIONES, ERWIN	FACILITY TYPE:	740
ADDRESS:	3205 ESTRELLA AVE	TELEPHONE:	(650) 238-8347
CITY:	STOCKTON	STATE:	CA
CAPACITY:	6	CENSUS:	3
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME BEGAN:	05/24/2021 01:53 PM
MET WITH:	Miriam and Penafranci	TIME	04:15 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Albert Johnson arrived unannounced to conduct an Annual
2	inspection. LPA met with Miriam and Penafranci explained the purpose of the visit. Later
3	joined by Jean Briones
4	
5	LPA inspected the physical plant including but not limited to the kitchen, dining room,
6	resident bedrooms; resident bathrooms, laundry room, activity room, and outside courtyards.
7	LPA observed sufficient furniture and lighting throughout the facility. LPA observed
8	sufficient seven day non-perishable and two day perishable food supplies. Hot water
9	temperature was measured at 106.9 degrees Fahrenheit in resident bathroom sink, which is
10	within the required range of 105 to 120 degrees.
11	
12	Fire extinguishers is outdated there is no service date on the extinguisher. Smoke detectors
13	and carbon monoxide detector is current and in compliance with fire safety. LPA observed
14	centrally stored medications. LPA reviewed and compared resident medication vs. resident
15	medication logs. LPA reviewed 3 resident and 2 staff files, including criminal record
16	clearances. All staff are fingerprint cleared and is associated to the facility. First aid kit was
17	checked and is complete.
18	
19	The following deficiencies were cited on 809- D attached as per Title 22 Regulations and the
20	Health and Safety Code. Appeal Rights provided, exit interview conducted
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Stephenie Doub

NAME OF LICENSING PROGRAM ANALYST: Albert Johnson

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 05/24/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 05/24/2021

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

LIC809 (FAS) - (06/04)

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Created By: Albert Johnson On 05/24/2021 at 03:04 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
, 2525 NATOMAS PARK DR. STE.270
SACRAMENTO, CA 95833

FACILITY NAME: BRIONES FAMILY HOMECARE**FACILITY NUMBER:** 392700564**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 05/24/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 05/25/2021 Section Cited	<p>1 87465 Incidental Medical and Dental Care (h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.</p>		
	<p>8 This requirement was not met as evidenced by: observation. Licensee failed to ensure prescription and non prescription medicated were inaccessible to residents. LPA observed Influenza vaccine and four medication for R1 to be accessible to residents in the main refrigerator. This poses an immediate health and safety risk to residents in care.</p>	<p>9 10 11 12 13 14</p> <p>**Deficiency cleared during inspection.</p>	
	<p>1 2 3 4 5 6 7</p>		
	<p>1 2 3 4 5 6 7</p>		

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME:
LICENSING EVALUATOR NAME:
LICENSING EVALUATOR SIGNATURE:

Stephenie Doub
Albert Johnson

DATE: 05/24/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/24/2021