

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 405801495
Report Date: 07/13/2022
Date Signed: 07/13/2022 10:56:57 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME:	FOOTHILLS RESIDENTIAL CARE FOR THE ELDERLY	FACILITY NUMBER:	405801495
ADMINISTRATOR:	JANE QUINES	FACILITY TYPE:	740
ADDRESS:	696 E. FOOTHILL BLVD.	TELEPHONE:	(805) 541-2042
CITY:	SAN LUIS OBISPO	STATE:	CA
CAPACITY:	6	ZIP CODE:	93405
TYPE OF VISIT:	Required - 1 Year	CENSUS:	6
MET WITH:	Licensee/JANE QUINES	DATE:	07/13/2022
		UNANNOUNCED TIME BEGAN:	10:33 AM
		TIME COMPLETED:	12:34 PM

NARRATIVE	
1	At 10:30am on 07/13/2022, Licensing Program Analyst (LPA) Jeffries, arrived
2	unannounced at the facility to conduct an annual infection control module inspection.
3	LPA met with Licensee Jane Quines and announced who he was as the reason for
4	the visit. LPA was properly screened for COVID-19 protocols at the front door single
5	entry point.
6	
7	
8	LPA and Licensee took a walking tour of the facility. LPA observed 8 bedrooms, 3
9	bathrooms, (6 single resident bedrooms and 2 staff bedrooms), a large family room,
10	living room, dining room, kitchen and laundry room. Medication is stored in a locked
11	cart in the living room and staff and resident files, along with hazardous chemicals
12	are stored in a locked closet near the kitchen near the laundry room. LPA observed
13	ample supply of PPE that exceeds 30 days. LPA observed a 7 day supply of non-
14	perishable and 2 day supply of perishable foods for six residents. LPA observed fire
15	extinguishers hardwired through out the facility and two working carbon monoxide
16	detectors. LPA did not see any hazards that warranted a regulation violation during
17	this facility tour.
18	
19	
20	
21	LPA and Licensee went through the infection control module portion of the annual
22	inspection and found no deficiencies. There were no deficiencies discovered at this
23	time for this annual infection control inspection.
24	
25	
	Exit interview, report signed and report emailed.

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley
NAME OF LICENSING PROGRAM ANALYST: Mark Jeffries

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/13/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/13/2022

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