

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 502700748

**Report Date:** 11/10/2020

**Date Signed:** 11/10/2020 04:24:38 PM

**Document Has Been Signed on** 11/10/2020 04:24 PM - It Cannot Be Edited

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	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: SISTERS ASSISTED LIVING		FACILITY NUMBER:	502700748
ADMINISTRATOR:FOMBY, KAREN		FACILITY TYPE:	740
ADDRESS: 1006 DURANT STREET		TELEPHONE:	(510) 990-1683
CITY: MODESTO	STATE: CA	ZIP CODE:	95350
CAPACITY: 4	CENSUS: 0	DATE:	11/10/2020
TYPE OF VISIT: Prelicensing	UNANNOUNCED	TIME BEGAN:	01:04 PM
MET WITH: Karen Fomby, Licensee		TIME COMPLETED:	03:30 PM
<b>NARRATIVE</b>			
1	Licensing Program Analyst (LPA) T. White contacted the Applicant via telephone to commence an		
2	announced Pre-Licensing Tele-Inspection visit on 11/10/2020 at 1:00pm due to COVID-19 and pre-		
3	cautionary measures. LPA was allowed entry into the home via Facetime.		
4			
5	LPA toured the residents bedrooms, bathrooms, dining rooms, common living areas, kitchen, and		
6	backyard. There is sufficient lighting around the facility. Residents rooms are equipped with the proper		
7	lighting. Residents rooms have proper bedding and linens for the residents to use. The kitchen was		
8	observed cleaned and within compliance. Living room is equipped with the proper furniture for the		
9	clients. All toxins and sharp objects are locked. Passageways and hallways are free of obstruction. Fire		
10	extinguisher is in compliance. Smoke detectors and Carbon Monoxide detector are equipped around the		
11	facility. Medication cabinet has a lock and first aid kit is complete. Hot water temperature is measured at		
12	110 degrees Fahrenheit. LPA observed a supply of 2-day perishable and 7-day nonperishable foods		
13	available for the clients.		
14			
15	Per the California Code of Regulations, Title 22, Division 6, Chapter 8, no violations were observed		
16	during this visit. An exit interview was conducted with Applicant via telephone and a copy of this report		
17	was provided via email and an electronic email read receipt confirms receiving these documents.		
18			
19	LPA T. White conducted Component III presentation via Facetime on 11/10/2020 starting at 2:40pm.		
20	LPA presented Component III power point and discussed the regulations embodied in the power point.		
21	LPA observed participant gained knowledge about running and maintaining the facility in accordance		
22	with regulations.		
23			
24			
25	Exit interview conducted with Licensee and a copy of this report provided.		
<b>NAME OF LICENSING PROGRAM MANAGER:</b> Czarrina A Camilon-Lee			
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Treana White			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/10/2020

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/10/2020

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