

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 502700869

Report Date: 04/26/2021

Date Signed: 04/26/2021 06:19:25 PM

**Document Has Been Signed on 04/26/2021 06:19 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: ORANGEBURG MANOR		FACILITY NUMBER: 502700869	
ADMINISTRATOR: ARBIOS, MARIE		FACILITY TYPE: 740	
ADDRESS: 1248 NELSON AVENUE		TELEPHONE: (209) 527-2222	
CITY: MODESTO		STATE: CA ZIP CODE: 95350	
CAPACITY: 90		CENSUS: 26 DATE: 04/26/2021	
TYPE OF VISIT: Prelicensing		UNANNOUNCED TIME BEGAN: 10:38 AM	
MET WITH: Marie Arbios		TIME COMPLETED: 03:30 PM	
<b>NARRATIVE</b>			
1	Licensing Program Analyst (LPA) Albert Johnson arrived announced to complete a pre licensing		
2	inspection. LPA met with Marie Arbios. Fire clearance was granted for 80 non-ambulatory clients which		
3	includes the clearance for 10 bedridden residents.		
4			
5	Facility was inspected both indoors and outdoors. LPA inspected 3 apartments/bedrooms, activity		
6	rooms, bathrooms, kitchen and common areas. Outdoors was clean, tidy with adequate shading.		
7	Outdoor exits are clear and accessible.		
8			
9	There is an area for personnel and client records. The emergency exiting plan posted and Client rights		
10	are posted. Facility has a First Aid kit. The facility has adequate lighting throughout. All rooms have		
11	appropriate furnishings, chair, adequate lighting and storage. Bathrooms are clean, sanitary, and in good		
12	repair.		
13			
14	Bathrooms have grab bars and non-skid mats. Hot water temperature was measured at 120		
15	degrees. Smoke detectors and carbon monoxide detectors were checked and operational. Fire		
16	extinguisher indicator revealed a full charge. Kitchen is clean sanitary, and in good repair. There is a		
17	locked area for cleaning supplies and toxins.		
18			
19			
20	During the inspection of the medication room and the review of the files LPA observed medication		
21	errors. These errors will be submitted on an incident report and sent to the department by close of		
22	business on 4/26/21. These errors are technical errors and an advisory was given.		
23			
24	Component III was waived.		
25			
	Application is pending.		
NAME OF LICENSING PROGRAM MANAGER: Stephenie Doub			
NAME OF LICENSING PROGRAM ANALYST: Albert Johnson			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 04/26/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/26/2021

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