

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
FACILITY EVALUATION REPORT	

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

NARRATIVE	
1	Licensing Program Analyst (LPA) Albert Johnson arrived announced to complete a pre licensing inspection. LPA met with Marie Arbios. Fire clearance was granted for 80 non-ambulatory clients which includes the clearance for 10 bedridden residents.
2	Facility was inspected both indoors and outdoors. LPA inspected 3 apartments/bedrooms, activity rooms, bathrooms, kitchen and common areas. Outdoors was clean, tidy with adequate shading. Outdoor exits are clear and accessible.
3	There is an area for personnel and client records. The emergency exiting plan posted and Client rights are posted. Facility has a First Aid kit. The facility has adequate lighting throughout. All rooms have appropriate furnishings, chair, adequate lighting and storage. Bathrooms are clean, sanitary, and in good repair.
4	Bathrooms have grabbed bars and non-skid mats . Hot water temperature was measured at 120 degrees. Smoke detectors and carbon monoxide detectors were checked and operational. Fire extinguisher indicator revealed a full charge. Kitchen is clean sanitary, and in good repair. There is a locked area for cleaning supplies and toxins.
5	During the inspection of the medication room and the review of the files LPA observed medication errors. These errors will be submitted on an incident report and sent to the department by close of business on 4/26/21. These errors are technical errors and an advisory was given.
6	Component III was waived.
7	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.