

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 502700990
Report Date: 02/22/2021
Date Signed: 02/22/2021 04:50:52 PM

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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: VENEMAN CARE HOME	FACILITY NUMBER: 502700990
ADMINISTRATOR: RAMIT, LOLITA	FACILITY TYPE: 740
ADDRESS: 3605 NORTHAMPTON LANE	TELEPHONE: (209) 623-7844
CITY: MODESTO	STATE: CA
CAPACITY: 6	ZIP CODE: 95356
TYPE OF VISIT: Prelicensing	CENSUS: 0
MET WITH: RAMIRO, LEILANI	DATE: 02/22/2021
	UNANNOUNCED TIME BEGAN: 03:20 PM
	TIME COMPLETED: 04:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Avelina Martinez contacted the facility via telephone to conduct a
2	change of address pre-licensing visit on 02/22/2021 due to COVID-19 and pre-cautionary measures.
3	LPA Martinez identified herself and discussed the purpose of the virtual visit, and the elements of the
4	change of address pre-licensing visit with Leilani Ramiro.
5	
6	LPA Martinez inspected the interior and exterior of the facility via virtual visit. The facility was observed
7	to be in substantial compliance.
8	
9	Resident's room were furnished, and sanitary. The kitchen was furnished, and the water temperature
10	was 113 degrees. The laundry room has locked cabinets for cleaning supplies. The living room is
11	furnished and has space for activities. Smoke/Carbon detectors are up today. The facility has a pool,
12	which is enclosed. There is a locked fence around the pool. The facility has an exterior emergency exit
13	gate. All facility files will be transferred to the new facility. The licensee will keep all current facility files
14	and medication procedures in place.
15	
16	The applicant has passed the change of address pre-licensing component of the application process.
17	LPA will notify the Central Application Bureau (CAB) that the pre-licensing has been completed and
18	passed.
19	
20	An exit interview was conducted with Applicant Leilani Ramiro via virtual visit, and a copy of this report
21	was provided via email and an electronic email read receipt confirms receiving these documents.
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Czarrina A Camilon-Lee
NAME OF LICENSING PROGRAM ANALYST: Avelina Martinez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/22/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/22/2021

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