

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 502700990
Report Date: 02/20/2025
Date Signed: 02/20/2025 11:52:49 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
FACILITY EVALUATION REPORT	

FACILITY NAME: VENEMAN CARE HOME	FACILITY NUMBER: 502700990
ADMINISTRATOR/RAMIT, LOLITA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 3605 NORTHAMPTON LANE	TELEPHONE: (209) 623-7844
CITY: MODESTO	STATE: CA
CAPACITY: 6	ZIP CODE: 95356
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
	DATE: 02/20/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 08:45 AM
MET WITH: Lolita Ramit, Administrator	TIME VISIT/INSPECTION
	COMPLETED: 12:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Renee Campbell arrived at the facility to conduct an unannounced
2	annual inspection on 02/20/2025. LPA met with Lolita Ramit, Administrator (#7015195740) and
3	explained the purpose of the visit. Upon entry LPA Campbell observed one resident in a wheelchair
4	watching TV. A See Something Say Something and Ombudsman posters were displayed in the seating
5	area near the kitchen.
6	
7	<u>LPA Campbell inspected</u> the physical plant including but not limited to the common area, kitchen,
8	dining area, client bedrooms, client bathrooms, laundry room and outside courtyards of the facility to
9	ensure compliance with Title 22 regulations. <u>This facility is a</u> single story building licensed to serve four
10	(4) non-ambulatory residents, two (2) bedridden with a hospice waiver for three (3). Referrals are usually
11	received from Transitions for Life. <u>LPA Campbell observed</u> the facility to be free of odor, clean and in
12	good repair. <u>LPA Campbell observed bedrooms</u> to be properly furnished with appropriate bedding and
13	lighting. There is a pool that LPA Campbell observed surrounded by a gate that is locked.
14	
15	<u>LPA Campbell observed</u> sufficient seven-day non-perishable and two-day perishable food supplies.
16	Hot water temperature was measured in the kitchen at 107 degrees Fahrenheit (F). The thermostat was
17	set at 75 degrees F. LPA Campbell observed that the facility floor plan had not changed. The smoke
18	alarm and carbon monoxide alarm were tested and found to be functioning. The fire extinguisher was
19	last tested on January 10, 2025 and was fully charged. Medication was observed to be inaccessible to
20	clients. <u>The first aid kit was</u> complete and contained scissors, tweezers and a first aid manual along with
21	bandages. The thermometer was at the entrance to the facility for use by guests. LPA Campbell
22	requested client and staff files for review.
23	
24	<u>LPA Campbell reviewed</u> 4 of 5 resident files and 4 of 7 staff files. <u>All files were observed to be complete.</u>
25	<u>Toxins were made</u> inaccessible to clients in care and were stored in the laundry room.

NAME OF LICENSING PROGRAM MANAGER: Lisa Rios
NAME OF LICENSING PROGRAM ANALYST: Renee Campbell
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 02/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 02/20/2025

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

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827</p>
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FACILITY NUMBER: 502700990

VISIT DATE: 02/20/2025

NARRATIVE

1 **The following documents will be sent to LPA Campbell (Renee.Campbell@dss.ca.gov) by**
2 **02/28/2025 by 5:00 PM by end of day:**
3 (1) LIC 308 Designation of Administrative Responsibility
4 (2) LIC 500 Personnel Report
5
6 Per California Code of Regulations, Title 22, no deficiencies were observed during today's visit. A copy
7 of this report was provided to the facility
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NAME OF LICENSING PROGRAM ANALYST: Renee Campbell
LICENSING PROGRAM ANALYST SIGNATURE:
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