

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 502701082
Report Date: 08/20/2021
Date Signed: 08/20/2021 04:39:09 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 | |

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|-----------------------------------------|----------------------------|
| FACILITY NAME: SERENITY HOME CARE | FACILITY NUMBER: 502701082 |
| ADMINISTRATOR: SOUXOUAY, MARIA ANGELICA | FACILITY TYPE: 740 |
| ADDRESS: 1813 ELDER LN. | TELEPHONE: (209) 345-6618 |
| CITY: MODESTO STATE: CA | ZIP CODE: 95355 |
| CAPACITY: 6 CENSUS: 6 | DATE: 08/20/2021 |
| TYPE OF VISIT: Prelicensing ANNOUNCED | TIME BEGAN: 09:52 AM |
| MET WITH: SOUXOUAY, MARIA ANGELICA, AD | TIME COMPLETED: 11:30 AM |

| NARRATIVE | |
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| 1 | LPA Garcia conducted this announced prelicensing visit. LPA toured with MARIA ANGELICA |
| 2 | SOUXOUAY, Administrator. This facility has a fire clearance for six non-ambulatory and six total. |
| 3 | Hospice waiver for 6. |
| 4 | This facility has two private and two shared resident rooms to the left of the main entrance. There is |
| 5 | separate staff living quarters for onsite Administrator. There are 3 ramps available for emergency exits |
| 6 | for residents. From the main entrance is an open entry welcome area into the dining room and kitchen. |
| 7 | Off the open area is an additional seating area for residents with an attached bathroom. From the |
| 8 | kitchen is an additional half bath then entry into the garage with the laundry, dryer, and extra storage. |
| 9 | There is a common bathroom accessible to three rooms. There is a private bathroom attached to one of |
| 10 | the single occupancy room. Carbon monoxide in hallway and central area. Fire alarms in all resident |
| 11 | rooms and central area. |
| 12 | Staff and client files are locked in closet area in front centralized office. All cabinets/ closets have keyed |
| 13 | locks. The backyard was inspected and there is one gate on south side of the facility. The kitchen was |
| 14 | inspected. There is a locked cabinet in kitchen for sharps. There is a locked cabinet that stores the |
| 15 | medications. Refrigerated medications will be stored in clear lock box in garage fridge. Controlled |
| 16 | medications in lock box in lock cabinet Both front and backyards are well maintained. There are audio |
| 17 | alerts on all exits. Each resident has a call system that alerts the caregivers. |
| 18 | |
| 19 | Component III orientation completed and certificate posted. The Administrator has 5 years of licensing |
| 20 | experience in both ARF and RCFE. Administrator Certificate exp. 6/30/21 with Conditional extension. |
| 21 | LPA is going to submit this report to the applications specialist for review. |
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| 23 | |
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| NAME OF LICENSING PROGRAM MANAGER: Stephenie Doub |
| NAME OF LICENSING PROGRAM ANALYST: Arlene D Garcia |

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/20/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/20/2021

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