

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 502701276

Report Date: 04/13/2023

Date Signed: 04/13/2023 10:40:34 AM

Document Has Been Signed on 04/13/2023 10:40 AM - It Cannot Be Edited

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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: GABRIELLE'S CARING HAND | FACILITY NUMBER: 502701276 |
| ADMINISTRATOR: ANTONIA, TABITHA | FACILITY TYPE: 740 |
| ADDRESS: 2921 ZARAND DR | TELEPHONE: (408) 823-0358 |
| CITY: MODESTO | STATE: CA |
| CAPACITY: 6 | ZIP CODE: 95355 |
| TYPE OF VISIT: Prelicensing | CENSUS: 0 |
| MET WITH: Ma Tabitha Antonio | DATE: 04/13/2023 |
| | UNANNOUNCED TIME BEGAN: 09:45 AM |
| | TIME COMPLETED: 11:00 AM |

NARRATIVE

1 On 04/13/2023 at 9:45am, Licensing Program Analyst (LPA) Arielle Pascua arrived at this facility
2 announced to conduct a Pre-Licensing Visit. LPA Pascua met with Facility Designated Administrator,
3 Tabitha Antonio and explained the purpose of the visit. The purpose of this visit was to conduct a Pre-
4 Licensing Visit due to a change of location. This facility has a Dementia Program on file and a hospice
5 waiver for 6.
6 Current census was 0. Facility Designated Administrator has a current and active certificate
7 #6055145740 and expires on 01/27/2024.
8 The fire extinguisher, located in the kitchen area, was serviced by Jorgenson Company on 02/06/2023.
9 Carbon Monoxide and fire alarms were present and in good repair.
10 Common areas for resident use were toured. Furniture and furnishings were observed to be present and
11 in compliance.
12 A tour of the bathrooms was conducted. Hot water temperatures were taken to ensure that the hot water
13 being dispensed was within the allowed range of 105-120 degrees at this time. Grab bars were present
14 and functional.
15 Resident bedrooms were toured. Furniture and furnishing were observed to be present and in good
16 condition.
17 A linen closet was located in the hallway. LPA observed a sufficient amount of linens at this time.
18 The kitchen area was toured. Facility freezer and refrigerator showed to be functional and in compliance
19 at this time. A tour of the pantry was conducted. LPA observed that there was a 7-day nonperishable
20 food supply at this time.
21 Garage area was toured. Laundry detergent and cleaning supplies were locked and made inaccessible at
22 this time.
23 This facility will be using a medication cart which was located in the living room. LPA observed the
24 medication cart to be locked and made inaccessible at this time.
25 First aid kit was observed to be present and contained all of the required components at this time.

NAME OF LICENSING PROGRAM MANAGER: Stephenie Doub
NAME OF LICENSING PROGRAM ANALYST: Arielle Pascua

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/13/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/13/2023

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

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 (Cont)

FACILITY NAME: GABRIELLE'S CARING HAND

FACILITY NUMBER: 502701276

VISIT DATE: 04/13/2023

NARRATIVE

- 1 Exterior grounds of this facility was toured.
- 2 Perimeter fence and gates were observed to be functional and in good repair at this time.
- 3 This facility has been observed to be in compliance at this time.
- 4
- 5 There were no deficiencies observed during the course of this Pre-licensing visit.
- 6
- 7 Component III will be waived at this time.
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- 9
- 10 Exit Interview was conducted and a copy of this report was provided to the Facility Designated
- 11 Administrator at the end of the visit.
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NAME OF LICENSING PROGRAM MANAGER: Stephenie Doub

NAME OF LICENSING PROGRAM ANALYST: Arielle Pascua

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/13/2023

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/13/2023