

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 507002686  
Report Date: 09/01/2021  
Date Signed: 09/01/2021 03:42:55 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: VALLEY ROYALE CARE	FACILITY NUMBER: 507002686
ADMINISTRATOR: GENARO BAISAC	FACILITY TYPE: 740
ADDRESS: 701 FLEETWOOD DRIVE	TELEPHONE: (209) 577-3818
CITY: MODESTO	STATE: CA
CAPACITY: 6	ZIP CODE: 95350
TYPE OF VISIT: Required - 1 Year	CENSUS: 4
MET WITH: Administraotr Genaro Baisac	DATE: 09/01/2021
	UNANNOUNCED TIME BEGAN: 02:45 PM
	TIME COMPLETED: 04:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Jason Lund made an unannounced visit to this care home to conduct
2	an Annual Required inspection. LPA was met by Administrator Genaro Baisac.
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4	LPA and Administrator walked the facility. There are three bedrooms and two bathrooms for resident
5	use. LPA observed bedrooms to be properly furnished, with appropriate bedding and lighting. The
6	bathrooms were in sanitary condition and properly maintained.
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8	LPA checked the kitchen area for the ability to prepare and store food. Care home has required (2) two-
9	day perishable and (7) seven-day non-perishable food supply on hand. LPA observed knives, cleaning
10	products and other toxins to be locked away and inaccessible to residents. LPA observed the backyard
11	and perimeter of the care home to be free of clutter and debris and there appeared to be no potential
12	safety hazards to the residents in care. Smoke detectors and carbon monoxide detector found in
13	working order. Fire extinguishers and first aid kit are maintained and ready for emergency use.
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15	As a result of this visit, no deficiencies were cited at this time. Exit interview conducted and copy of
16	report given at the conclusion of this visit.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Stephenie Doub <b>NAME OF LICENSING PROGRAM ANALYST:</b> Jason Lund
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**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 09/01/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/01/2021

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