

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 507002686
Report Date: 01/02/2025
Date Signed: 01/02/2025 09:27:15 PM

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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:	VALLEY ROYALE CARE	FACILITY NUMBER:	507002686
ADMINISTRATOR/DIRECTOR:	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:	3
		DATE:	01/02/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	01:30 PM
MET WITH:	Adiministrator Genaro Baisac	TIME VISIT/INSPECTION COMPLETED:	03:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Jason Lund made an unannounced visit to the care home to conduct
2	an Annual/Required inspection. LPA was met by Administrator Genaro Baisac and explained the reason
3	for the visit. Census:3
4	
5	LPA Lund and Administrator Genaro Baisac toured/Inspected the facility. There are three bedrooms and
6	two bathrooms for resident use. LPA observed bedrooms to be properly furnished, with appropriate
7	bedding and lighting. The two bathrooms were in sanitary condition and properly maintained. LPA
8	checked the kitchen area for the ability to prepare and store food. Care home has required (2) two-day
9	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 (3/24/2024) and first aid kit are maintained and ready for emergency
14	use. LPA Lund reviewed two staff & two residents files and were in compliance.
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16	No deficiencies were cited during the visit. Exit interview conducted and copy of report left.
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NAME OF LICENSING PROGRAM MANAGER: Lisa Rios

NAME OF LICENSING PROGRAM ANALYST: Jason Lund

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/02/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/02/2025

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