

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 507003601

Report Date: 12/03/2021

Date Signed: 12/14/2021 01:52:36 PM

**Document Has Been Signed on 12/14/2021 01:52 PM - It Cannot Be Edited**

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: LIDIA'S BLESSED HOME		FACILITY NUMBER: 507003601	
ADMINISTRATOR: HIRISCAU, LIDIA		FACILITY TYPE: 740	
ADDRESS: 3209 HUMMINGBIRD LANE		TELEPHONE: (209) 575-3604	
CITY: MODESTO		STATE: CA ZIP CODE: 95356	
CAPACITY: 6		CENSUS: 3 DATE: 12/03/2021	
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME BEGAN: 10:00 AM	
MET WITH: Lidia Hiriscou, Administrator		TIME COMPLETED: 12:00 PM	
<b>NARRATIVE</b>			
1	Licensing Program Analysts (LPA) Sarah Hurt conducted an unannounced visit today 12/03/2021 at		
2	10:00 a.m. to conduct the facility's annual inspection. LPA met with Administrator Lidia Hiriscou		
3	Continual Administrator's Certification expires 03/16/2022. There are currently 3 residents who reside at		
4	this home and there is no residents on hospice at this time. LPA inspected the interior and the exterior of		
5	the facility including the common living spaces, resident bedrooms and bathrooms, activity rooms,		
6	medication storage, kitchen, and outdoor areas. Bedrooms were clean and in good repair. There is a		
7	locked storage for medications. Food supply is adequate for 2-day perishable and 7-day nonperishable.		
8			
9	Fire extinguisher is within the safety regulation period. Smoke alarms were tested and are operational.		
10	The home has a carbon monoxide detector and performs disaster drills as required. Water temperature		
11	was tested at 113 degrees. First Aid kit is on site and complete. Toxins and cleaning supplies are locked		
12	and inaccessible.		
13			
14	There were no deficiencies observed or cited during today's inspection per California Code of		
15	Regulations, Title 22.		
16			
17	LPA requested the following documents: LIC 500 Personnel Report, LIC 308 Designation of		
18	Administrative Responsibility, LIC 610-E the Emergency Disaster Plan and copy of current		
19	Administrator's Certificate to update the facility file. <i>Listed documents shall be sent to Licensing.</i>		
20			
21	Exit interview conducted with Administrator Lidia Hiriscou and copy of report left at facility		
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Stephenie Doub			
NAME OF LICENSING PROGRAM ANALYST: Sarah Hurt			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 12/03/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 12/03/2021

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