

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
FACILITY EVALUATION REPORT	

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 Hiriscau, Administrator	TIME COMPLETED:	12:00 PM

NARRATIVE	
1	Licensing Program Analysts (LPA) Sarah Hurt conducted an unannounced visit today 12/03/2021 at 10:00 a.m. to conduct the facility's annual inspection. LPA met with Administrator Lidia Hiriscau
2	Continual Administrator's Certification expires 03/16/2022. There are currently 3 residents who reside at this home and there is no residents on hospice at this time. LPA inspected the interior and the exterior of the facility including the common living spaces, resident bedrooms and bathrooms, activity rooms, medication storage, kitchen, and outdoor areas. Bedrooms were clean and in good repair. There is a locked storage for medications. Food supply is adequate for 2-day perishable and 7-day nonperishable.
3	Fire extinguisher is within the safety regulation period. Smoke alarms were tested and are operational.
4	The home has a carbon monoxide detector and performs disaster drills as required. Water temperature was tested at 113 degrees. First Aid kit is on site and complete. Toxins and cleaning supplies are locked and inaccessible.
5	There were no deficiencies observed or cited during today's inspection per California Code of
6	Regulations, Title 22.
7	LPA requested the following documents: LIC 500 Personnel Report, LIC 308 Designation of
8	Administrative Responsibility, LIC 610-E the Emergency Disaster Plan and copy of current
9	Administrator's Certificate to update the facility file. <i>Listed documents shall be sent to Licensing.</i>
10	Exit interview conducted with Administrator Lidia Hiriscau and copy of report left at facility
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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.