

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 547201120

Report Date: 09/21/2021

Date Signed: 09/21/2021 01:19:41 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, 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT	

FACILITY NAME:	EVERGREEN RESIDENCE	FACILITY NUMBER:	547201120
ADMINISTRATOR:	CORONADO, ESMERALDA	FACILITY TYPE:	740
ADDRESS:	3030 W. CALDWELL AVE	TELEPHONE:	(559) 732-3265
CITY:	VISALIA	STATE:	CA
CAPACITY:	40	CENSUS:	34
TYPE OF VISIT:	Required - 1 Year	DATE:	09/21/2021
MET WITH:	Esmeralda Coronado, Administrator	UNANNOUNCED TIME BEGAN:	09:15 AM
		TIME	12:30 PM
		COMPLETED:	

NARRATIVE	
1	On 09/21/2021, Licensing Program Analysts (LPA) M. Yang and S. Doucette arrived unannounced at the above facility to conduct an Annual Inspection- Infection Control. LPAs introduced self, stated the purpose of the visit and requested to meet with the Administrator. LPAs met with Administrator Esmeralda Coronado. LPAs conducted a tour with Administrator. Visitor log-in/temperature check was observed upon entry. Facility has one entrance/exit point. Facility appeared cleaned with no obstruction or fire clearance issues. Hand sanitizer was readily available to residents and visitors. Social distancing is maintained in the common and dining areas. Bathrooms are observed with trash cans with no lid. LPAs observed no hand washing posting by bathroom sinks. LPAs checked residents' locked medications and observed a 30-day PPE supplies. Food supply was checked and there appeared to be an adequate supply. Fire extinguisher observed to be last serviced 08/02/2021. Staff records were reviewed for infection control training. Facility staff was observed with mask on. All residents have updated emergency contact information. Staff records were reviewed for infection control training.
13	
14	Licensee will submit the following requested forms/information to Fresno CCL by: 09/27/21. Due to COVID-19 precautionary measures: LIC 308 Designation of Facility Responsibility, LIC 500 Personnel Report, LIC 610E Emergency Disaster Plan for Residential Care Facilities for The Elderly, LIC 9020 Register of Facility Clients/Residents, updated Liability Insurance, LIC 309 Administrative Organization, LIC 808, and current Administrator certificate and health screening.
19	
20	A deficiency is being cited on the attached LIC 809D in accordance to California Code of Regulations, Title 22, Division 6.
22	
23	Exit interview was conducted. A plan of correction was developed and reviewed with the administrator. Administrator was informed that as a COVID-19 precautionary measure, this report and appeal rights will be provided via email and an electronic read receipt confirms receiving this document. Report signed on-site.
25	

NAME OF LICENSING PROGRAM MANAGER: Melinda Hoffmann

NAME OF LICENSING PROGRAM ANALYST: Mai Yang

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 09/21/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 09/21/2021

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

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL

SERVICES

COMMUNITY CARE LICENSING DIVISION

, 1314 E SHAW AVE

FRESNO, CA 93710

FACILITY NAME: EVERGREEN RESIDENCE**FACILITY NUMBER:** 547201120**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 09/21/2021**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87303(i)(1)(A)	
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(i) Facilities shall have signal systems which shall meet the following criteria:

(1) All facilities licensed for 16 or more and all residential facilities having separate floors or buildings shall have a signal system which shall:

(A) Operate from each resident's living unit.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, the licensee did not have a signal system available for each resident in each room which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	

	POC Due Date: 10/04/2021	Section Cited	
	Plan of Correction		

	Deficient Practice Statement
1	
2	
3	
4	

	POC Due Date:	Section Cited	
	Plan of Correction		

1	
2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Melinda Hoffmann

LICENSING EVALUATOR NAME: Mai Yang

LICENSING EVALUATOR SIGNATURE:



DATE: 09/21/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/21/2021