

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 547201356
Report Date: 10/07/2021
Date Signed: 10/07/2021 03:10:28 PM

Document Has Been Signed on 10/07/2021 03:10 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, 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT	

FACILITY NAME: QUAIL PARK RETIREMENT VILLAGE, LLC	FACILITY NUMBER: 547201356
ADMINISTRATOR: EGURROLA, THERESA	FACILITY TYPE: 740
ADDRESS: 4520 W CYPRESS AVE	TELEPHONE: (559) 624-3500
CITY: VISALIA	STATE: CA
CAPACITY: 175	ZIP CODE: 93277
TYPE OF VISIT: Required - 1 Year	CENSUS: 75
MET WITH: Administrator, Theresa Egurrola via telephone	DATE: 10/07/2021
	UNANNOUNCED TIME BEGAN: 08:30 AM
	TIME COMPLETED: 09:15 AM

NARRATIVE	
1	On 10/7/2021, Licensing Program Analyst (LPA) M. Yang arrived unannounced at to conduct an Annual
2	Inspection - Infection Control. LPA introduced self, stated the purpose of the visit, and requested to meet
3	with the Administrator. LPA met with staff Echoe Applyby. Administrator was called. Administrator states
4	facility currently have three positive COVID cases. Due to COVID-19 precautionary measure, the
5	department will return at a later date to conduct Annual Inspection. Administrator was informed that as a
6	COVID-19 precautionary measure, this report will be provided via email and an electronic read receipt
7	confirms receiving this document.
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NAME OF LICENSING PROGRAM MANAGER: Melinda Hoffmann
NAME OF LICENSING PROGRAM ANALYST: Mai Yang

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/07/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/07/2021

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