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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 547201807
Report Date: 06/08/2021
Date Signed: 06/09/2021 06:45:54 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1314 E SHAW AVE FRESNO, CA 93710

FACILITY NAME:	SIERRA VILLAGE ASSISTED LIVING		FACILITY NUMBER:	547201807
ADMINISTRATOR:	BELINDA COULSON		FACILITY TYPE:	740
ADDRESS:	73 MOLENSTRAAT		TELEPHONE:	(559) 713-1911
CITY:	VISALIA	STATE: CA	ZIP CODE:	93277
CAPACITY: 22		CENSUS: 12	DATE:	06/08/2021
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME BEGAN:	10:15 AM
MET WITH:	Administrator Belinda Coulson		TIME COMPLETED:	11:30 AM

NARRATIVE

Licensing Program Analysts (LPA) Shawna Doucette conducted an Annual Inspection on this date. LPA was met by Administrator Belinda Coulson and discussed the purpose of the visit.

LPA began the tour with the Administrator Belinda Coulson at the front entrance of the facility.

Visitor log-in/temperature check, masks, and disinfection station was observed upon entry. Facility has one entrance/exit point. Hand sanitizer was readily available to residents and visitors. Social distancing is maintained in the common areas. Hand washing and other various Covid-19 related signs were observed in the common areas.

LPA observed a two day supply of perishable food and seven day supply of non-perishable food. Cleaning supplies were observed locked in cabinet. LPA observed the following personal protective equipment in a storage cabinet; hand sanitizer, gowns, gloves, and masks. Staff records were reviewed for infection control training. Resident's files have updated emergency contact information.

Facility has mitigation plan on file.

Exit interview was conducted and a copy of this report was provided.

NAME OF LICENSING PROGRAM MANAGER: Sergiy Pidgirny
NAME OF LICENSING PROGRAM ANALYST: Shawna Doucette

LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/08/2021
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/08/2021

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