

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 547206596

Report Date: 07/19/2021

Date Signed: 07/23/2021 08:13:47 AM

Document Has Been Signed on 07/23/2021 08:13 AM - 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 MEMORY CARE RESIDENCES	FACILITY NUMBER:	547206596
ADMINISTRATOR:	EGURROLA, THERESA	FACILITY TYPE:	740
ADDRESS:	5050 TULARE AVENUE	TELEPHONE:	(559) 624-3560
CITY:	VISALIA	STATE:	CA
CAPACITY:	44	CENSUS:	29
TYPE OF VISIT:	Required - 1 Year	DATE:	07/19/2021
MET WITH:	Resident Care Coordinantor Melissa Segura	UNANNOUNCED TIME BEGAN:	09:16 AM
		TIME	10:30 AM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst LPA Shawna Doucette conducted an Annual Inspection on this date. LPA
2	was met by Resident Care Coordinantor Melissa Segura and discussed the purpose of the visit. LPA and
3	Resident Care Coordinantor Melissa Segura began the tour at the front entrance of the facility.
4	
5	Visitor log-in/temperature check, masks, and disinfection station was observed upon entry. Facility has
6	one entrance/exit point. Hand sanitizer was readily available to residents and visitors. Social distancing
7	is maintained in the common areas. Hand washing and other various Covid-19 related signs were
8	observed in the common areas.
9	
10	LPA observed a two day supply of perishable food and seven day supply of non-perishable food.
11	Cleaning supplies were observed behind a locked door. LPA observed the following personal protective
12	equipment in a storage room; gown, face shield, gloves, and masks. Staff records were reviewed for
13	infection control training. LPA observed all facility staff wearing masks. Resident's files have updated
14	emergency contact information.
15	
16	No deficiencies were observed.
17	
18	Exit interview was conducted and a copy of this report was provided.
19	
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Sergiy Pidgirny

NAME OF LICENSING PROGRAM ANALYST: Shawna Doucette

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 07/19/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/19/2021

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