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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 547208809
Report Date: 06/14/2021
Date Signed: 06/14/2021 02:18:34 PM

Document Has Been Signed on 06/14/2021 02:18 PM **- It Cannot Be Edited**

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:	PARK VISALIA ASSISTED LIVING		FACILITY NUMBER:	547208809
ADMINISTRATOR:	RENEE HAMILTON		FACILITY TYPE:	740
ADDRESS:	3939 WEST WALNUT AVENUE		TELEPHONE:	(559) 625-3388
CITY:	VISALIA	STATE: CA	ZIP CODE:	93277
CAPACITY: 110		CENSUS: 55	DATE:	06/14/2021
TYPE OF VISIT:	Case Management - Health Checks	UNANNOUNCED	TIME BEGAN:	12:10 PM
MET WITH:	Administrator, Renee Hamilton		TIME COMPLETED:	01:10 PM

NARRATIVE

On 06/14/2021, Licensing Program Analyst (LPA) A. Walton arrived unannounced to conduct a Health and Safety Inspection. LPA met with Administrator, Renee Hamilton. LPA introduced self and stated the purpose of the visit.

LPA conducted a tour of the facility with Administrator. No immediate Health and Safety concerns were observed. A copy of R1's entire facility file was provided to LPA.

No deficiencies issued during the inspection.

An exit interview was conducted. As a COVID-19 precautionary measure, a copy of this report was provided via email and an electronic read receipt confirms receiving this document. Facility Representative signature on file.

NAME OF LICENSING PROGRAM MANAGER: Melinda Hoffmann
NAME OF LICENSING PROGRAM ANALYST: Alexandria Walton

LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/14/2021
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/14/2021

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