

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850609  
Report Date: 12/30/2024  
Date Signed: 12/30/2024 03:14:05 PM

Document Has Been Signed on 12/30/2024 03:14 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, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364	
FACILITY EVALUATION REPORT			
FACILITY NAME: JM'S RESIDENTIAL CARE HOME		FACILITY NUMBER:	565850609
ADMINISTRATOR/OHIDE, RODOLFO		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(805) 202-9208
ADDRESS:	904 L STREET	ZIP CODE:	93030
CITY:	OXNARD	STATE: CA	
CAPACITY: 6		CENSUS: 0	
TYPE OF VISIT:	Prelicensing	DATE:	12/30/2024
		UNANNOUNCED TIME VISIT/INSPECTION	01:30 PM
		BEGAN:	
MET WITH: Rodolfo Ohide		TIME VISIT/INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA), Martha Arroyo conducted a pre-licensing visit to this property at 1:30pm and met with Applicant Representative, Rodolfo Ohide. This application is for a Change of Location (CHOL). The applicant has obtained fire clearance for a total capacity of six (6) non-ambulatory residents. The facility is a one-story home which will be licensed as a Residential Care Facility for the Elderly (RCFE). Currently, there are no residents residing in the facility.
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9	Starting at 1:32pm, the LPA inspected facility for Fire Safety, Personal Accommodations and Services, and Food Service. At 1:55pm, all hard-wired smoke alarms and carbon monoxide detector were tested and function properly. The LPA observed a fire extinguisher last serviced on 01/22/2024.
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15	There are four (4) bedrooms for resident use; two (2) bedrooms are designated for single occupancy and two (2) bedrooms are designated for double occupancy. There is a staff bedroom for live in staff. Each bedroom is equipped with clean mattresses, pillows, and bedding. There is sufficient supply of linens, including blankets, bath towels and wash cloths. Bedrooms have sufficient lighting. The facility has two (2) bathrooms for resident use. Resident bathrooms contained appropriate non-skid surfaces and grab bars. Bathrooms have sufficient paper products. Hot water temperature was measured in both bathrooms and measured within the range of 105 and 120 degrees Fahrenheit.
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The LPA toured the kitchen area at 1:35pm. The facility has at least seven (7) day supply of non-perishable food. Appliances and all equipment appear to be clean and in good repair. Kitchen knives are stored in a locked cabinet. The kitchen has a sufficient supply of plates, cups, cookware and utensils.

Report Continued on LIC 809C...

**NAME OF LICENSING PROGRAM MANAGER:** Desaree Perera

**NAME OF LICENSING PROGRAM ANALYST:** Martha Arroyo

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 12/30/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 12/30/2024

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  
CCLD Regional Office, 21731 VENTURA BLVD.  
#250  
WOODLAND HILLS, CA 91364

**FACILITY NAME:** JM'S RESIDENTIAL CARE HOME

**FACILITY NUMBER:** 565850609

**VISIT DATE:** 12/30/2024

### NARRATIVE

1 Report Continued from LIC 809...

2 The living areas and dining areas are clean and properly furnished. All window  
3 screens and coverings are in good repair. Enough seating for six (6) residents at the  
4 same time in the dining room table. A working telephone is present. There are  
5 activity supplies for future residents. There is a fireplace present with a fireplace  
6 screen for safety at the time of visit. Night-lights were present in the main hallway  
7 and common areas. Functioning auditory alarms observed at the time of the visit.  
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9

10 Medications will be stored and locked in a cabinet adjacent to the kitchen. Facility  
11 records will be stored and locked in a cabinet adjacent to the dining room. First aid  
12 kit was observed to have bandages, thermometer, scissors, tweezers and a current  
13 first aid manual.  
14  
15

16 Garage: The garage is attached to the house and will be locked at all times. The  
17 laundry room is inside the garage. Detergents, disinfectants, and cleaning supplies  
18 are stored in a locked cabinet inaccessible at the time of the visit. There will be no  
19 firearms/ammunition stored on the property.  
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22 The facility has required postings, including emergency exit plan, Licensing  
23 Complaint Poster, Resident Personal Rights, Theft and Loss Policy, and Resident  
24 Council Rights.  
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27 The exterior passageways were clean and clear of any obstructions. There are two  
28 (2) self-latching gates for emergency use. There are no bodies of water on the  
29 premises at the time of the visit. The LPA observed the backyard, which has a  
30 covered outdoor area with a table and chairs for resident use. Physical plant is  
31 consistent with the submitted facility sketch/floor plan.  
32

The physical plant of this facility location is in compliance with Title 22 regulations at this time.

During today's visit, the Applicant Representative completed component III with the LPA.

This report will be sent to the Centralized Application Bureau (CAB). You will be notified by the CAB Analyst when your license has been approved. You are not allowed to begin operating until you have been notified that your license has been approved by the CAB Analyst. Failure to comply could affect approval of your license.

Exit interview conducted. A copy of the report was reviewed and provided to Applicant Representative Rodolfo Ohide.

**NAME OF LICENSING PROGRAM MANAGER:** Desaree Perera

**NAME OF LICENSING PROGRAM ANALYST:** Martha Arroyo

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 12/30/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 12/30/2024