

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850609

Report Date: 12/30/2024

Date Signed: 12/30/2024 03:14:05 PM

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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:			
ADDRESS:	904 L STREET	TELEPHONE:	(805) 202-9208
CITY:	OXNARD	STATE: CA	ZIP CODE: 93030
CAPACITY:	6	CENSUS: 0	DATE: 12/30/2024
TYPE OF VISIT:	Prelicensing	UNANNOUNCED TIME VISIT/	INSPECTION BEGAN: 01:30 PM
MET WITH:	Rodolfo Ohide	TIME VISIT/	INSPECTION COMPLETED: 03:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA), Martha Arroyo conducted a pre-licensing visit to
2	this property at 1:30pm and met with Applicant Representative, Rodolfo Ohide. This
3	application is for a Change of Location (CHOL). The applicant has obtained fire
4	clearance for a total capacity of six (6) non-ambulatory residents. The facility is a
5	one-story home which will be licensed as a Residential Care Facility for the Elderly
6	(RCFE). Currently, there are no residents residing in the facility.
7	
8	
9	Starting at 1:32pm, the LPA inspected facility for Fire Safety, Personal
10	Accommodations and Services, and Food Service. At 1:55pm, all hard-wired smoke
11	alarms and carbon monoxide detector were tested and function properly. The LPA
12	observed a fire extinguisher last serviced on 01/22/2024.
13	
14	
15	There are four (4) bedrooms for resident use; two (2) bedrooms are designated for
16	single occupancy and two (2) bedrooms are designated for double occupancy. There
17	is a staff bedroom for live in staff. Each bedroom is equipped with clean mattresses,
18	pillows, and bedding. There is sufficient supply of linens, including blankets, bath
19	towels and wash cloths. Bedrooms have sufficient lighting. The facility has two (2)
20	bathrooms for resident use. Resident bathrooms contained appropriate non-skid
21	surfaces and grab bars. Bathrooms have sufficient paper products. Hot water
22	temperature was measured in both bathrooms and measured within the range of
23	105 and 120 degrees Fahrenheit.
24	
25	

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

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.
8
9 Medications will be stored and locked in a cabinet adjacent to the kitchen. Facility
10 records will be stored and locked in a cabinet adjacent to the dining room. First aid
11 kit was observed to have bandages, thermometer, scissors, tweezers and a current
12 first aid manual.
13
14 Garage: The garage is attached to the house and will be locked at all times. The
15 laundry room is inside the garage. Detergents, disinfectants, and cleaning supplies
16 are stored in a locked cabinet inaccessible at the time of the visit. There will be no
17 firearms/ammunition stored on the property.
18
19 The facility has required postings, including emergency exit plan, Licensing
20 Complaint Poster, Resident Personal Rights, Theft and Loss Policy, and Resident
21 Council Rights.
22
23 The exterior passageways were clean and clear of any obstructions. There are two
24 (2) self-latching gates for emergency use. There are no bodies of water on the
25 premises at the time of the visit. The LPA observed the backyard, which has a
26 covered outdoor area with a table and chairs for resident use. Physical plant is
27 consistent with the submitted facility sketch/floor plan.
28
29 The physical plant of this facility location is in compliance with Title 22 regulations at
30 this time.
31
32

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

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