

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 011400514

Report Date: 03/01/2022

Date Signed: 03/01/2022 02:41:14 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, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME:	PIEDMONT GARDENS #1	FACILITY NUMBER:	011400514
ADMINISTRATOR:	WITTMAN, DANIEL	FACILITY TYPE:	741
ADDRESS:	110-41ST STREET	TELEPHONE:	(510) 654-7172
CITY:	OAKLAND	STATE: CA	ZIP CODE: 94611
CAPACITY:	321	CENSUS: 286	DATE: 03/01/2022
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME BEGAN:	01:00 PM
MET WITH:	Zinnia Koch/Wellness and Assisted Living Director	TIME COMPLETED:	02:55 PM

NARRATIVE	
1	On 3/1/2022 starting at 1:00 p.m., Licensing Program Analyst (LPA) Catherine Lin arrived unannounced to conduct Infection Control Inspection. LPA met with the Wellness and Assisted Living Director Zinnia Koch and disclosed the purpose of the visit.
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5	Upon entry, LPA's temperature was checked and Covid-19 questionnaire was asked through a Cubigo. LPA toured facility including but not limited to front entrance, screening station, hand washing stations, bedrooms, bathrooms, kitchens, common areas, and outdoor areas. There is one central entry point for universal screening for staff, residents, and visitors. A sign-in policy, thermometer and hand sanitizer were observed at screening station. Cough/sneeze etiquette and hand washing posters were observed. Facility staff were observed to be wearing proper PPE.
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12	Facility has a sufficient 2-day perishable and one-week non-perishable food supply. Facility has a 30-day supply of PPEs maintained at central location and easily accessible for staff. Facility has Mitigation Plan, Emergency Disaster Plan, and maintains record of routine screening for residents, staff, and visitors.
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17	No deficiency cited during visit. Exit interview conducted with Wellness and Assisted Living Director, and a copy of this report provided.
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NAME OF LICENSING PROGRAM MANAGER: Bennett Fong

NAME OF LICENSING PROGRAM ANALYST: Catherine Lin

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 03/01/2022

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 03/01/2022

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