

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 011440777

Report Date: 10/28/2022

Date Signed: 10/28/2022 03:13:29 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION 11 BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: WATERS EDGE LODGE	FACILITY NUMBER: 011440777
ADMINISTRATOR: ENRIQUE RAMOS	FACILITY TYPE: 740
ADDRESS: 801 ISLAND DRIVE	TELEPHONE: (510) 748-4300
CITY: ALAMEDA	STATE: CA ZIP CODE: 94502
CAPACITY: 120	CENSUS: 63 DATE: 10/28/2022
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 02:40 PM
MET WITH: David Ballerini, Marketing Director	TIME COMPLETED: 03:20 PM

NARRATIVE	
1	On 10/28/22 at 2:40PM, Licensing Program Analyst (LPA) C. Lin conducted an unannounced case management visit as a result of receiving residents from Grand Lake Gardens (GLG) and check on residents. LPA met with Marketing Director and explained the purpose of the visit.
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5	During visit, LPA obtained Waters Edge Lodge (WEL) staff schedules. Total of 2 residents from GLG had moved in to WEL. LPA interviewed 2 residents who stated that they felt safe living at WEL and their needs were met.
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9	Food, paper, PPE supplies were adequate.
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11	There was no imminent health/safety concerns on today's date.
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14	Exit interview conducted with Marketing Director and 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:** 10/28/2022

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/28/2022

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