

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 011440777
Report Date: 12/10/2024
Date Signed: 12/10/2024 12:26:52 PM

Document Has Been Signed on 12/10/2024 12:26 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, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME:	WATERS EDGE LODGE	FACILITY NUMBER:	011440777
ADMINISTRATOR/DIRECTOR:	LAGASCA-CRUZ, MARIE ANN N	FACILITY TYPE:	740
ADDRESS:	801 ISLAND DRIVE	TELEPHONE:	(510) 748-4300
CITY:	ALAMEDA	STATE:	CA
CAPACITY:	120	ZIP CODE:	94502
TYPE OF VISIT:	Required - 1 Year	CENSUS:	56
		DATE:	12/10/2024
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	10:00 AM
MET WITH:	Lauren Zimmerman Cook, Administrator	TIME VISIT/INSPECTION COMPLETED:	12:45 PM

NARRATIVE	
1	On 12/10/24, Licensing Program Analyst (LPA) Greg Clark arrived unannounced to conduct 1-Year
2	Annual Required inspection. LPA met with Lauren Zimmerman Cook, Administrator and explained the
3	purpose of the visit.
4	
5	LPA toured the facility including but not limited to residents' apartments, bathrooms, activity rooms,
6	kitchen, common area and courtyard. There are no bodies of water observed. LPA observed lighting in
7	all rooms are adequate for the comfort and safety of the residents. Hallway temperature was maintained
8	at 70 degrees F. The hot water temperature in a hallway bathroom was measured at 107.2 degrees
9	Fahrenheit. Residents' bathrooms are equipped with grab bars and non-skid mats. There is a minimum
10	of one week supply of nonperishable and 2-day of perishable foods. Centrally stored medications,
11	sharps and toxic are locked and inaccessible to residents in care.
12	
13	Smoke detectors and carbon monoxide detectors were in operating condition during visit. Fire
14	extinguisher was last serviced on 8/28/24. Emergency Disaster Plan was last posted on 12/19/23. First
15	aid kit was observed to be complete.
16	
17	LPA reviewed 5 residents records and 5 staff records, and all were complete. LPA also reviewed a
18	sample of resident's medications.
19	
20	
21	
22	No deficiencies cited during visit. Exit interview conducted and a copy of this report provided.
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Gregory Clark

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/10/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/10/2024

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