

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 015600255

Report Date: 02/17/2021

Date Signed: 02/17/2021 11:28:04 AM

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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: MERCY RETIREMENT & CARE CENTER		FACILITY NUMBER:	015600255
ADMINISTRATOR: TAMRA MARIE TSANOS		FACILITY TYPE:	741
ADDRESS: 3431 FOOTHILL BOULEVARD		TELEPHONE:	(510) 534-8540
CITY: OAKLAND	STATE: CA	ZIP CODE:	94601
CAPACITY: 160	CENSUS: 69	DATE:	02/17/2021
TYPE OF VISIT: Case Management - Other	UNANNOUNCED	TIME BEGAN:	10:20 AM
MET WITH: Tamra Marie Tsanos, Executive Director		TIME COMPLETED:	11:20 AM
NARRATIVE			
1	On 2/17/2021 at 10:20AM, Licensing Program Analyst (LPA) G. Luk conducted a Case Management		
2	Tele-visit regarding an SOC341 report via FaceTime due to shelter in place order directed by the		
3	Governor. LPA spoke to Executive Director, Tamra Marie Tsanos.		
4			
5	Based on the SOC341 report received, resident (R1) had been a victim of financial abuse by a home		
6	health agency staff.		
7			
8	Based on interview with S1, R1 does not have a POA and can make decisions on their own. S1 stated		
9	that the staff is from a home health agency and not a facility staff. Facility filed a police report with the		
10	Oakland Police Department on 12/24/2020.		
11			
12	LPA reviewed R1's physician's report which revealed that R1 was able to manage their own cash		
13	resources. LPA obtained a copy of the police report and incident report.		
14			
15	No deficiencies are being cited on this date.		
16			
17	Exit interview conducted and a copy of this report will be emailed.		
18			
19			
20			
21			
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal			
NAME OF LICENSING PROGRAM ANALYST: Grace Luk			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/17/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/17/2021

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