

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 015600526  
Report Date: 01/22/2025  
Date Signed: 01/22/2025 02:06:15 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: ELDERS INN ON WEBSTER	FACILITY NUMBER: 015600526
ADMINISTRATOR/MARIE ANN LAGASCA DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 1721 WEBSTER STREET	TELEPHONE: (510) 521-9200
CITY: ALAMEDA	STATE: CA ZIP CODE: 94501
CAPACITY: 60	CENSUS: 41 DATE: 01/22/2025
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION 10:15 AM
MET WITH: Rolinda Noquillo, Administrator	BEGAN: TIME VISIT/INSPECTION 02:15 PM
	COMPLETED:

NARRATIVE	
1	On 1/22/25, Licensing Program Analyst (LPA) Greg Clark arrived unannounced to conduct 1-Year
2	Annual Required inspection. LPA met with Rolinda Noquillo, Administrator and explained the purpose of
3	the visit.
4	
5	LPA toured the facility including but not limited to 5 residents' apartments, bathrooms, multiple activity
6	rooms, kitchen, common area and courtyard. There are no bodies of water observed. LPA observed
7	lighting in all rooms are adequate for the comfort and safety of the residents. Hallway temperature was
8	maintained at 70 degrees F. The hot water temperature in a residents' shared bathroom was measured
9	at 109.3 degrees Fahrenheit. Residents' bathrooms are equipped with grab bars and non-skid mats.
10	There is a minimum of one week supply of nonperishable and 2-day of perishable foods. Centrally
11	stored medications, 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 2/28/24. Emergency Disaster Plan was last posted on 1/22/25. First
15	aid kit was observed to be complete. Fire drill was last conducted on 12/20/24.
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:** 01/22/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 01/22/2025

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