

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 015601222

Report Date: 03/28/2022

Date Signed: 03/28/2022 12:20:56 PM

Document Has Been Signed on 03/28/2022 12:20 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: CARDINAL POINT AT MARINER SQUARE		FACILITY NUMBER: 015601222	
ADMINISTRATOR: GERALD VADNAIS		FACILITY TYPE: 741	
ADDRESS: 2431 MARINER SQUARE DR		TELEPHONE: (510) 337-1033	
CITY: ALAMEDA		STATE: CA ZIP CODE: 94501	
CAPACITY: 153		CENSUS: 101 DATE: 03/28/2022	
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME BEGAN: 11:25 AM	
MET WITH: Teresa Tillson, Asst. E.D.		TIME COMPLETED: 12:32 PM	
NARRATIVE			
1	On 3/28/22 at 11:25 a.m., Licensing Program Analyst (LPA) Greg Clark arrived unannounced to conduct		
2	Infection Control Inspection. LPA met with Assistant Executive Director Teresa Tillson and explained the		
3	purpose of the visit.		
4			
5	During the Infection Control Inspection, LPA toured facility including but not limited to: front entrance,		
6	screening station, hand washing stations, common areas, kitchen and backyard. Facility has a sufficient		
7	2-day perishable and one week non-perishable food supply. Visitors policy is posted on the front		
8	entrance. There is one central entry point for universal screening for staff, residents and visitors. A sign-		
9	in policy, thermometer and hand sanitizer were observed at screening station. Cough/sneeze etiquette,		
10	social distancing and hand washing posters were observed. Facility staff were observed to be wearing		
11	proper PPE. Facility has a 30-day supply of PPE maintained at central location and easily accessible for		
12	staff. Facility has a mitigation plan and maintains record of routine screening for residents and staff.		
13			
14	No deficiencies cited during visit. Exit interview conducted and a copy of this report provided.		
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NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios			
NAME OF LICENSING PROGRAM ANALYST: Gregory Clark			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/28/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/28/2022

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