

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 015601222

Report Date: 03/28/2022

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