

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 015601394
Report Date: 08/13/2021
Date Signed: 08/13/2021 12:16:57 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: | PACIFICA SENIOR LIVING SAN LEANDRO | FACILITY NUMBER: | 015601394 |
| ADMINISTRATOR: | CASTRO, GILBERT M | FACILITY TYPE: | 740 |
| ADDRESS: | 348 W JUANA AVE | TELEPHONE: | (510) 357-1691 |
| CITY: | SAN LEANDRO | STATE: | CA |
| CAPACITY: | 90 | ZIP CODE: | 94577 |
| TYPE OF VISIT: | Case Management - Incident | CENSUS: | DATE: |
| MET WITH: | Gilbert Castro & Karren Malad | UNANNOUNCED TIME BEGAN: | 10:05 AM |
| | | TIME COMPLETED: | 12:35 PM |

| NARRATIVE | |
|-----------|---|
| 1 | Licensing Program Analyst (LPA) L. Ibo conducted a case management visit on the AWOL incident |
| 2 | report submitted by S2 , LPA meet with Executive Director Gilbert Castro and informed him the purpose |
| 3 | of the visit. |
| 4 | |
| 5 | Report indicated that around 2:00 AM on July 22, 2021, staffs went on their rounds and found R1 was |
| 6 | not in the room, fire exit door was noted open. Staffs called Executive Director Gilbert, S2, and R1's |
| 7 | family, 911 was also called for assistance. At around 5:00 AM police found R1 walking on the street and |
| 8 | was brought back to the facility. |
| 9 | |
| 10 | LPA conducted interview. LPA requested for the following documents from Gilbert C. , admission |
| 11 | agreement , LIC601, LIC602A, Pre-placement appraisal and incident reports pertaining for R1. |
| 12 | |
| 13 | The deficiencies were observed (see LIC809D) and cited from the California Code of Regulation, Title |
| 14 | 22. Failure to correct the deficiencies may result in civil penalty. |
| 15 | |
| 16 | Exit interview conducted. A copy of this report and appeal rights provided. |
| 17 | |
| 18 | |
| 19 | |
| 20 | |
| 21 | |
| 22 | |
| 23 | |
| 24 | |
| 25 | |

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|---|
| NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal |
| NAME OF LICENSING PROGRAM ANALYST: Leslie Ibo |

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/13/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/13/2021

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

LIC809 (FAS) - (06/04)

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Created By: Leslie Ibo On 08/13/2021 at 11:14 AM

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| FACILITY EVALUATION REPORT (Cont) | |

FACILITY NAME: PACIFICA SENIOR LIVING SAN LEANDRO

FACILITY NUMBER: 015601394

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/13/2021

| Deficiency Type POC Due Date / Section Number | DEFICIENCIES | PLAN OF CORRECTIONS(POCs) | |
|---|--|---------------------------|--|
| Type A 08/16/2021 Section Cited | 1 87468.1 Personal Rights of Residents 2 in All Facilities (a) Residents in all 3 residential care facilities for the 4 elderly shall have all of the following 5 personal rights: (2)To be accorded 6 safe, healthful and comfortable 7 accommodations.... This requirement was not met as evidence by: | | |
| | 8 Based on LPA's interview and records 9 review , resident was diagnosed with 10 DEMENTIA, based on interview, 11 facility is not designed to have 12 dementia residents in care, facility did 13 not comply with the section cited 14 above which poses an immediate health and safety risk to persons in care. | 8 | |
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME:

Harpreet Humpal

LICENSING EVALUATOR NAME: Leslie Ibo

LICENSING EVALUATOR SIGNATURE:



DATE: 08/13/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/13/2021