

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 015601468

Report Date: 07/20/2022

Date Signed: 07/20/2022 03:19:38 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: DIMOND CARE II		FACILITY NUMBER: 015601468	
ADMINISTRATOR:BLAIN, JOHN F.		FACILITY TYPE: 740	
ADDRESS: 3015 FRUITVALE AVENUE		TELEPHONE: (510) 599-2191	
CITY: OAKLAND		STATE: CA ZIP CODE: 94602	
CAPACITY: 6		CENSUS: 4 DATE: 07/20/2022	
TYPE OF VISIT: Required - 1 Year		UNANNOUNCEDTIME BEGAN: 02:37 PM	
MET WITH: Helen Blain, Staff		TIME COMPLETED: 03:30 PM	
NARRATIVE			
1	On 7/20/2022 starting at 2:37 p.m., Licensing Program Analyst (LPA) Catherine Lin arrived		
2	unannounced to conduct Infection Control Inspection. LPA met with staff Helen Blain and disclosed the		
3	purpose of the visit.		
4			
5	LPA continued inspection after finishing up the sister facility Dimond Care. Upon entry, LPA toured		
6	facility including but not limited to front entrance, bedrooms, bathrooms, common areas, and outdoor		
7	areas. There is one central entry point for both facilities for universal screening for staff, residents, and		
8	visitors. A sign-in policy, thermometer and hand sanitizer were observed at screening station.		
9	Cough/sneeze etiquette and hand washing posters were observed. Facility staff were observed to be		
10	wearing proper PPE.		
11			
12	Facility has no kitchen, meals were prepared in the sister facility and delivered to residents. Facility has		
13	a 30-day supply of PPEs maintained at central location and easily accessible for staff. Facility has		
14	Mitigation Plan, Emergency Disaster Plan, and maintains record of routine screening for residents, staff,		
15	and visitors.		
16			
17	No deficiency cited during visit. Exit interview conducted with staff, and a copy of this report provided.		
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25			
NAME OF LICENSING PROGRAM MANAGER: Bennett Fong			
NAME OF LICENSING PROGRAM ANALYST: Catherine Lin			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/20/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/20/2022

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