

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 015601468

Report Date: 07/20/2022

Date Signed: 07/20/2022 03:19:38 PM

Document Has Been Signed on 07/20/2022 03:19 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
<b>FACILITY EVALUATION REPORT</b>	

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	UNANNOUNCED TIME 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 unannounced to conduct Infection Control Inspection. LPA met with staff Helen Blain and disclosed the purpose of the visit.
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5	LPA continued inspection after finishing up the sister facility Dimond Care. Upon entry, LPA toured facility including but not limited to front entrance, bedrooms, bathrooms, common areas, and outdoor areas. There is one central entry point for both facilities for universal screening for staff, residents, and visitors. A sign-in policy, thermometer and hand sanitizer were observed at screening station.
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9	Cough/sneeze etiquette and hand washing posters were observed. Facility staff were observed to be wearing proper PPE.
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12	Facility has no kitchen, meals were prepared in the sister facility and delivered to residents. Facility has a 30-day supply of PPEs maintained at central location and easily accessible for staff. Facility has Mitigation Plan, Emergency Disaster Plan, and maintains record of routine screening for residents, staff, and visitors.
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17	No deficiency cited during visit. Exit interview conducted with staff, and a copy of this report provided.
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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.**