

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 015601468  
Report Date: 12/10/2024  
Date Signed: 12/10/2024 02:04:53 PM

**Document Has Been Signed on 12/10/2024 02:04 PM - It Cannot Be Edited**

|  |                           |   |                |
|--|---------------------------|---|----------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY |                           | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  |                |
| <b>FACILITY EVALUATION REPORT</b>                      |                           | COMMUNITY CARE LICENSING DIVISION<br>OAKLAND ASC, 1515 CLAY STREET, STE. 310<br>OAKLAND, CA 94612 |                |
| FACILITY NAME:   | DIMOND CARE II            | FACILITY NUMBER:  | 015601468      |
| ADMINISTRATOR/DIRECTOR:                                | BLAIN, JOHN F.            | FACILITY TYPE:  | 740            |
| ADDRESS:   | 3015 FRUITVALE AVENUE     | TELEPHONE:  | (510) 599-2191 |
| CITY:  | OAKLAND                   | STATE:  | CA             |
| CAPACITY:  | 6                         | ZIP CODE:   | 94602          |
| TYPE OF VISIT:   | Required - 1 Year         | CENSUS:   | 4              |
|  |                           | DATE:   | 12/10/2024     |
|  |                           | UNANNOUNCED TIME VISIT/INSPECTION BEGAN:  | 09:30 AM       |
| MET WITH:  | Helen Blain Administrator | TIME VISIT/INSPECTION COMPLETED:  | 02:15 PM       |

| NARRATIVE |   |
|-----------|---|
| 1         | On 12/10/2024 at 9:30 AM, Licensing Program Analyst (LPA) D. Doidge and Licensing Program               |
| 2         | Manager (LPM) J. Fong arrived unannounced to conduct the Required Annual Inspection of the facility.    |
| 3         | Upon arrival, LPA stated the purpose of the visit to Helen Blain, Administrator.                        |
| 4         |   |
| 5         | The LPA and LPM inspected the facility inside and outside. All outdoor and indoor passageways were      |
| 6         | free of obstruction. Outside, there were no bodies of water. Inside, the temperature was measured at 74 |
| 7         | degrees Fahrenheit. The LPA and LPM observed adequate lighting in all of the rooms for the comfort      |
| 8         | and safety of the residents. The hot water temperature in a common bathroom was measured at 104.4       |
| 9         | degrees Fahrenheit. Food is brought over from kitchen housed in adjacent facility. Food supplies in     |
| 10        | kitchen were observed good for 2 days of perishables and 7 days of non-perishables. Central storage     |
| 11        | for medications and cleaning supplies were observed locked. Sharps were stored inaccessible to          |
| 12        | residents. Smoke and carbon monoxide detectors were in operating condition. Fire extinguisher was       |
| 13        | observed to be fully charged and last serviced on 05/28/2023. Last Fire Drill conducted 10/01/2024.     |
| 14        |   |
| 15        | The LPA reviewed the records of four (4) residents and five (5) staff members all were complete.        |
| 16        |   |
| 17        | Facility does not handle resident cash resources  |
| 18        |   |
| 19        |   |
| 20        | At 11:00 Am LPA, observed screens in Bedroom 3, full bathroom and in front room in need of repair.      |
| 21        |   |
| 22        | At 1:00 PM, LPA observed Complaint Poster (PUB 475) is not 20" x 26" in size.                           |
| 23        |   |
| 24        | No citations issued.  |
| 25        |   |
|           | Exit interview conducted with Licensee. A copy of this report provided to the Licensee.                 |

**NAME OF LICENSING PROGRAM MANAGER:** Bennett Fong  
**NAME OF LICENSING PROGRAM ANALYST:** David Doidge  
**LICENSING PROGRAM ANALYST SIGNATURE:**

|   |                         |
|---|-------------------------|
|  | <b>DATE:</b> 12/10/2024 |
|---|-------------------------|

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

**FACILITY REPRESENTATIVE SIGNATURE:**

|   |                         |
|---|-------------------------|
|  | <b>DATE:</b> 12/10/2024 |
|---|-------------------------|

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