

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 015601481
Report Date: 01/30/2025
Date Signed: 01/30/2025 02:22:37 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: COMMON DESTINY	FACILITY NUMBER: 015601481
ADMINISTRATOR/TOM, MARVIN DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 34209 SYLVESTER DRIVE	TELEPHONE: (510) 794-4931
CITY: FREMONT	STATE: CA ZIP CODE: 94555
CAPACITY: 6	CENSUS: 6 DATE: 01/30/2025
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME VISIT/INSPECTION: 01:35 PM
MET WITH: Leonora Maquilan, Care Staff	BEGAN: TIME VISIT/INSPECTION: 02:45 PM
	COMPLETED:

NARRATIVE	
1	On 01/30/2025 at 1:35 PM, Licensing Program Analysts (LPAs) P. Manalo and L. Fontanilla arrived
2	unannounced to conduct a Case Management visit. LPAs Care Staff, Leonora Maquilan, and explained
3	the purpose of the visit. The Administrator/ Licensee was unable to come during the visit.
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5	On the annual inspection conducted on 01/07/2025, LPAs observed that R1 was on insulin on a sliding
6	scale. Administrator requested an exception to retain R1 at the facility.
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8	During the visit, LPAs interviewed R1 to verify if resident is able to read and identify the amount of
9	insulin the resident needs based on the reading. R1 stated that they are able to read the number on
10	monitor, however, R1 is unable to determine the correct amount of insulin needed for the particular
11	reading. R1 stated that they are unable to read the numbers on the insulin pen and stated that staff will
12	help with dialing the number and poking the resident.
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14	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: Patricia Manalo

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/30/2025

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