

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 015601501
Report Date: 09/22/2021
Date Signed: 09/22/2021 12:37:30 PM

Document Has Been Signed on 09/22/2021 12:37 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
FACILITY EVALUATION REPORT	

FACILITY NAME: LANDMARK VILLA	FACILITY NUMBER: 015601501
ADMINISTRATOR: DIANE PEDERSON	FACILITY TYPE: 740
ADDRESS: 21000 MISSION BLVD.	TELEPHONE: (510) 276-2872
CITY: HAYWARD	STATE: CA
CAPACITY: 140	ZIP CODE: 94541
TYPE OF VISIT: Required - 1 Year	CENSUS: 72
MET WITH: Diane Pederson, Administrator	DATE: 09/22/2021
	UNANNOUNCED TIME BEGAN: 11:15 AM
	TIME COMPLETED: 12:40 PM

NARRATIVE	
1	On 09/22/21 at 11:15 AM, Licensing Program Analyst (LPA) Daisy Panlilio conducted
2	an infection control annual inspection and explained the purpose of the visit with
3	administrator. Facility is a three story building with 97 apartments with in room
4	showers/toilets and kitchen. LPA observed 16 staff wearing face masks during visit
5	with 14 residents eating lunch (2 per table) in the first floor dining room. LPA
6	observed screening station located near the front entrance with visitor's log, COVID-
7	19 questionnaire, hand sanitizer, gloves, face masks and no touch temperature
8	probe. Routine symptom screening (+/-) temperature and symptom checks are done
9	at entry for all staff, residents and visitors. Facility has a completed mitigation plan in
10	place dated 04/12/2021 to mitigate the spread of COVID-19. LPA discussed the
11	completed mitigation plan (LIC 808) with administrator as well as COVID-19 infection
12	control practices. Common toilets (male and female) were observed on each floor
13	with adequate supply of paper towels and soap. LPA inspected the facility inside and
14	outside.
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16	
17	
18	
19	LPA observed COVID-19 signages posted in common areas to promote hand
20	washing, cough/sneeze etiquette and physical distancing. Facility documents daily
21	temperatures and COVID-19 symptom checks for staff and residents. Pathways
22	were observed to be free of obstruction and fire hazards. Facility has a visitation
23	area next to the dining room. Dining room had tables spaced six feet apart for social
24	distancing among residents.
25	
Continued on next page LIC 809-C	

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong
NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/22/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/22/2021

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

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 (Cont)

FACILITY NAME: LANDMARK VILLA

FACILITY NUMBER: 015601501

VISIT DATE: 09/22/2021

NARRATIVE

1 A written Emergency/Disaster plan dated 05/13/2021 was posted near the front
2 desk. Centrally stored medications were locked in the medication room. Sharp
3 objects were also locked in the medication room. Toxic chemicals were locked in the
4 housekeeping storage room. Adequate supply of PPE was observed stored in the
5 second floor storage closet. Facility has conducted staff training on infection
6 prevention, symptoms, transmission and proper donning & doffing of PPE. Trash
7 bins with lid operated foot pedal was observed in the first floor employees' toilet
8 room.
9

10
11
12 Infection control designated leader is the administrator. 95 percent of staff and
13 residents have been fully vaccinated since February 2021. There was at least 7 days
14 of nonperishable and 2 days of perishable foods. Emergency food supplies were
15 observed stored in the kitchen and basement. Facility room temperature was
16 maintained at 73 degrees Fahrenheit. A certified administrator is on site a minimum
17 of 20 hours a week to oversee proper business operation and compliance with
18 COVID-19 infection control practices. Fire extinguisher was observed fully charged.
19 Smoke and Carbon monoxide detectors were operational.
20
21

22 Updated copies of the following documents were requested for facility file and are to
23 be submitted to CCL on or before 09/23/2021:
24

- 25 • LIC500- Personnel Report
- 26 • LIC308- Designation of Facility Responsibility
- 27 • LIC610E- Emergency/Disaster Plan
- 28 • Evidence of Liability Insurance

29
30
31 No deficiencies cited during this visit. Exit interview conducted and a copy of this
32 report provided to administrator.

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong

NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/22/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/22/2021