

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 019200484

Report Date: 04/21/2022

Date Signed: 04/21/2022 06:18:02 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: SUNOL CREEK MEMORY CARE		FACILITY NUMBER:	019200484
ADMINISTRATOR: ROSE, JESSICA		FACILITY TYPE:	740
ADDRESS: 5980 SUNOL BLVD		TELEPHONE:	(925) 846-8283
CITY: PLEASANTON	STATE: CA	ZIP CODE:	94566
CAPACITY: 46	CENSUS: 34	DATE:	04/21/2022
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	01:36 PM
MET WITH: Divine Ramirez, Assistant Executive Director		TIME COMPLETED:	03:30 PM
NARRATIVE			
1	On 4/21/2022 at 1:36PM, Licensing Program Analyst (LPA) G. Luk arrived unannounced to conduct an		
2	Infection Control Inspection. LPA met with Assistant Executive Director, Divine Ramirez.		
3			
4	Upon entry, LPA was asked to complete the automated system for COVID-19 screening. LPA observed		
5	hand sanitizer at screening station. LPA toured facility including but not limited to resident's bedrooms,		
6	bathrooms, kitchen, common areas, and outdoor areas. LPA observed cough etiquette, signs &		
7	symptoms, and physical distancing are posted in the common areas. All hand washing stations were		
8	equipped with soap and paper towel. Hand washing posters were posted in bathrooms. Indoor and		
9	outdoor passageways are free of obstruction.		
10			
11	During record review, LPA observed visitors log and temperature log for both residents and staff. LPA		
12	observed facility has a copy of Mitigation Plan on file. Staff were FIT tested and have documentation on		
13	file. LPA observed PPE, food supplies, and paper supplies are sufficient.		
14			
15	No deficiencies are being cited on this date.		
16			
17	Exit interview conducted. A copy of this report was provided.		
18			
19			
20			
21			
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23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal			
NAME OF LICENSING PROGRAM ANALYST: Grace Luk			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/21/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/21/2022

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