

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 019200509

Report Date: 02/05/2021

Date Signed: 02/10/2021 08:50:44 AM

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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:	PACIFICA SENIOR LIVING UNION CITY	FACILITY NUMBER:	019200509
ADMINISTRATOR:	JOYCE LATIMER	FACILITY TYPE:	740
ADDRESS:	33883 ALVARADO NILES RD	TELEPHONE:	(510) 489-3800
CITY:	UNION CITY	STATE: CA	ZIP CODE: 94587
CAPACITY:	110	CENSUS: 78	DATE: 02/05/2021
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED TIME BEGAN:	01:45 PM
MET WITH:	Joyce Latimer, Executive Director	TIME COMPLETED:	02:10 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Luisa Fontanilla called facility to conduct case management in
2	connection with an SOC 341 received by this agency. LPA spoke with Executive Director. LPA explained
3	to Director purpose of the call.
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5	LPA requested the following documents from the Director for Resident 1(R1):
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7	1. Physician's Report
8	2. Needs and Services Plan
9	3. Incident Reports for the months of January and February 2021
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11	A copy of this report was provided to Director via email.
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NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal

NAME OF LICENSING PROGRAM ANALYST: Luisa Fontanilla

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 02/05/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 02/05/2021

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