

Department of

SOCIAL SERVICES

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.		
4			
5	LPA requested the following documents from the Director for Resident 1(R1):		
6			
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.