

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 019200673

Report Date: 11/29/2021

Date Signed: 11/29/2021 02:46:10 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	D'NALOR CARE HOMES, LLC	FACILITY NUMBER:	019200673
ADMINISTRATOR:	WILSON, ROLAND	FACILITY TYPE:	740
ADDRESS:	2706 106TH AVE	TELEPHONE:	(510) 756-6122
CITY:	OAKLAND	STATE: CA	ZIP CODE: 94605
CAPACITY:	6	CENSUS: 6	DATE: 11/29/2021
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME BEGAN:	12:37 PM
MET WITH:	Roland Wilson	TIME COMPLETED:	03:00 PM

NARRATIVE	
1	On 11/29/2021 at 12:37 pm Licensing Program Analysts (LPAs) G. Clark and G Luk arrived unannounced to conduct Infection Control Inspection. LPAs met with Administrator, Roland Wilson and explained the purpose of the visit.
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5	During the Infection Control Inspection, LPA toured facility including but not limited to front entrance, screening station, hand washing stations, bedrooms, common areas, kitchen and backyard. Facility has a sufficient 2-day perishable and one week non-perishable food supply. Visitors policy is posted on the front entrance. There is one central entry point for universal screening for staff, residents and visitors. A sign-in policy, thermometer and hand sanitizer were observed at screening station. Cough/sneeze etiquette, social distancing and hand washing posters were observed. Facility staff were observed to be wearing proper PPE. Facility has a 30-day supply of PPEs maintained at central location and easily accessible for staff. Facility has a mitigation plan and maintains record of routine screening for residents and staff.
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15	<b>The following deficiencies were observed (see LIC 809D) and cited from the California Code of Regulations, Title 22 Failure to correct deficiencies by POC date may result in additional Civil Penalties.</b>
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20	At approximately 12:55 LPAs observed a door chain on the front door. The chain was located at the very top of the door.
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23	Around 1 pm, LPAs toured facility with Administrator, cameras were present in resident rooms, hallways, living room, and kitchen with motion sensors.
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Exit interview conducted. Appeal Rights and a copy of this report provided.	

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Gregory Clark

**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 11/29/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 11/29/2021

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

LIC809 (FAS) - (06/04)

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**Created By: Gregory Clark On 11/29/2021 at 01:59 PM**

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**FACILITY EVALUATION REPORT (Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL

SERVICES

COMMUNITY CARE LICENSING DIVISION

, 1515 CLAY STREET, STE. 310

OAKLAND, CA 94612

**FACILITY NAME:** D'NALOR CARE HOMES, LLC**FACILITY NUMBER:** 019200673**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 11/29/2021**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87705(l)(6)	
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87705 Care of Persons with Dementia

(l) The following initial and continuing requirements shall be met for the licensee to lock exterior doors or perimeter fence gates:

(6) Locked exterior doors or perimeter fences with locked gates shall not substitute for trained staff in sufficient numbers to meet the care and supervision needs of all residents.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on observation, the licensee did not comply with the section cited above by having a door chain on the front door which poses an immediate health and safety risk to persons in care.
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<b>POC Due Date:</b> 11/29/2021
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	<b>Plan of Correction</b>
1	Administrator agreed to removed door chain. The chain was removed during the visit. Deficiency was cleared during inspection.
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	<b>Section Cited</b>
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	<b>Deficient Practice Statement</b>
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<b>POC Due Date:</b> 11/29/2021
---------------------------------

  

	<b>Plan of Correction</b>
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

**SUPERVISOR'S NAME:** Yvonne Flores-Larios  
**LICENSING EVALUATOR NAME:** Gregory Clark  
**LICENSING EVALUATOR SIGNATURE:**



**DATE:** 11/29/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/29/2021

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL

SERVICES

COMMUNITY CARE LICENSING DIVISION

, 1515 CLAY STREET, STE. 310

OAKLAND, CA 94612

**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NUMBER:** 019200673

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 11/29/2021

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87468.1(a)(1)
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87468.1 Personal Rights of Residents in All Facilities

(a) Residents in all residential care facilities for the elderly shall have all of the following personal rights:  
(1) To be accorded dignity in their personal relationships with staff, residents, and other persons.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on observation the licensee did not comply with the section cited above by having cameras in the resident bedrooms, and common areas of the facility which poses a potential health and safety risk to persons in care.
	<b>POC Due Date:</b> 11/29/2021
	<b>Plan of Correction</b>
1	Administrator agreed to remove the cameras. Cameras were removed during visit. Deficiency cleared during visit.

	<b>Section Cited</b>
	<b>Deficient Practice Statement</b>
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	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
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**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

<b>SUPERVISOR'S NAME:</b>	Yvonne Flores-Larios
<b>LICENSING EVALUATOR NAME:</b>	Gregory Clark
<b>LICENSING EVALUATOR SIGNATURE:</b>	
	<b>DATE:</b> 11/29/2021

<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>

<b>DATE:</b> 11/29/2021