

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 019200685  
Report Date: 07/28/2021  
Date Signed: 07/28/2021 12:32:09 PM

Document Has Been Signed on 07/28/2021 12:32 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: CAREFIELD CASTRO VALLEY	FACILITY NUMBER: 019200685
ADMINISTRATOR: PARVEEN SINGH	FACILITY TYPE: 740
ADDRESS: 19960 SANTA MARIA AVE	TELEPHONE: (510) 582-2765
CITY: CASTRO VALLEY	STATE: CA ZIP CODE: 94546
CAPACITY: 116	CENSUS: 33 DATE: 07/28/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 09:51 AM
MET WITH: Parveen Singh	TIME COMPLETED: 11:30 AM

NARRATIVE	
1	On 07/28/2021 at 9:51am, Licensing Program Analyst (LPA) A. O'Hollaren arrived unannounced to
2	conduct Infection Control Inspection. LPA met with Administrator Parveen Singh and explained the
3	purpose of the visit.
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5	During the inspection, LPA toured facility including but not limited to common areas, hand washing
6	stations, bedrooms in Assisted Living and Memory Care, kitchen and backyard. LPA observed COVID-
7	19 signage throughout the facility. Hand washing signs were posted at hand washing stations. LPA
8	observed PPE, food and paper supplies are sufficient. COVID-19 screening questions were maintained
9	at the facility for all staff, residents, and visitors. Hand sanitizer is provided at facility entryway. Common
10	areas are disinfected frequently throughout the day. Carbon monoxide and smoke detectors were
11	working.
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13	During record review, LPA observed facility has a copy of Mitigation Plan on file.
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15	No deficiencies cited during visit. Exit interview conducted and a copy of this report provided.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Yvonne Flores-Larios
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Allison O'Hollaren

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/28/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/28/2021

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