

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 019200761

Report Date: 07/08/2021

Date Signed: 07/08/2021 03:41:16 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: FREMONT HILLS		FACILITY NUMBER:	019200761
ADMINISTRATOR: DELOS SANTOS, MICHELLE		FACILITY TYPE:	740
ADDRESS: 35490 MISSION BLVD		TELEPHONE:	(510) 796-4200
CITY: FREMONT	STATE: CA	ZIP CODE:	94536
CAPACITY: 140	CENSUS: 69	DATE:	07/08/2021
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED	TIME BEGAN:	09:30 AM
MET WITH: Michelle Delos Santos		TIME COMPLETED:	03:45 PM
NARRATIVE			
1	On 07/08/2021 at approximately 9:30am Licensing Program Analyst (LPA) Allison O'Hollaren arrived		
2	unannounced to conduct a case management visit regarding a self-reported incident that occurred on		
3	05/16/2021. LPA met with Administrator, Michelle Delos Santos and explained the purpose of the visit.		
4			
5	During the visit LPA spoke and reviewed incident with Program Director (S1), Managing Director (S2),		
6	and Administrator Michelle Delos Santos. S1 confirmed that Resident (R1) left the facility unsupervised.		
7	LPA reviewed R1's physicians report that indicated that R1 was unable to leave facility unassisted. After		
8	incident, R1 was moved to memory care.		
9			
10	The following deficiency was cited from the California Code of Regulations, Title 22. Failure to		
11	correct the deficiency and/or repeat deficiencies within a 12-month period may result in civil		
12	penalties.		
13			
14	Exit interview conducted. Appeal Rights and a copy of this report provided.		
15			
16			
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24			
25			
NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios			
NAME OF LICENSING PROGRAM ANALYST: Allison O'Hollaren			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/08/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/08/2021

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: Allison O'Hollaren On 07/08/2021 at 02:30 PM

Link to Parent Document Below:

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: FREMONT HILLS

FACILITY NUMBER: 019200761

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/08/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 07/15/2021 Section Cited	1 87468.1 Personal Rights of 2 Residents in All Facilities (a) 3 Residents in all residential care 4 facilities for the elderly shall have all 5 of the following personal rights: (2) To 6 be accorded safe, healthful and 7 comfortable		
	8 accommodations, furnishings and 9 equipment. This requirement was not 10 met as evidenced by: Based on 11 interview and record review the 12 licensee did not comply with the 13 section cited above. Resident R1 left 14 the facility unsupervised which poses a potential risk to health and safety of clients under care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

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:

Allison O'Hollaren

LICENSING EVALUATOR SIGNATURE:



DATE: 07/08/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/08/2021