

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 unannounced to conduct a case management visit regarding a self-reported incident that occurred on 05/16/2021. LPA met with Administrator, Michelle Delos Santos and explained the purpose of the visit.
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5	During the visit LPA spoke and reviewed incident with Program Director (S1), Managing Director (S2), and Administrator Michelle Delos Santos. S1 confirmed that Resident (R1) left the facility unsupervised. LPA reviewed R1's physicians report that indicated that R1 was unable to leave facility unassisted. After incident, R1 was moved to memory care.
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10	The following deficiency was cited from the California Code of Regulations, Title 22. Failure to correct the deficiency and/or repeat deficiencies within a 12-month period may result in civil penalties.
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14	Exit interview conducted. Appeal Rights and a copy of this report provided.
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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	<p>1 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: (2) To be accorded safe, healthful and comfortable</p>		
	<p>8 accommodations, furnishings and equipment. This requirement was not met as evidenced by: Based on interview and record review the licensee did not comply with the section cited above. Resident R1 left the facility unsupervised which poses a potential risk to health and safety of clients under care.</p>	8 9 10 11 12 13 14	
	<p>1 2 3 4 5 6 7</p>		
	<p>1 2 3 4 5 6 7</p>		

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:**LICENSING EVALUATOR NAME:**

Yvonne Flores-Larios

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