

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 019200879

Report Date: 02/02/2022

Date Signed: 02/02/2022 05:28:48 PM

Document Has Been Signed on 02/02/2022 05:28 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 | |
| FACILITY EVALUATION REPORT | | | |
| FACILITY NAME: MERRILL GARDENS AT ROCKRIDGE | | FACILITY NUMBER: | 019200879 |
| ADMINISTRATOR: CANDICE MOSES | | FACILITY TYPE: | 740 |
| ADDRESS: 5238 CORONADO AVE | | TELEPHONE: | (510) 338-4543 |
| CITY: OAKLAND | STATE: CA | ZIP CODE: | 94618 |
| CAPACITY: 150 | CENSUS: 117 | DATE: | 02/02/2022 |
| TYPE OF VISIT: Required - 1 Year | UNANNOUNCED | TIME BEGAN: | 03:40 PM |
| MET WITH: Dillon Cagulada, Administrator | | TIME COMPLETED: | 05:30 PM |
| NARRATIVE | | | |
| 1 | On 2/2/2022 starting at 3:40 p.m., Licensing Program Analyst (LPA) Catherine Lin arrived unannounced | | |
| 2 | to conduct Infection Control Inspection. LPA met with Administrator Dillon Cagulada and disclosed the | | |
| 3 | purpose of the visit. | | |
| 4 | | | |
| 5 | Upon entry, LPA's temperature was checked by the staff, asked to fill out Covid-19 questionnaire, and | | |
| 6 | requested to wash hands. LPA toured facility including but not limited to front entrance, screening | | |
| 7 | station, hand washing stations, bedrooms, bathrooms, kitchen, and common areas. There is one central | | |
| 8 | entry point for universal screening for staff, residents, and visitors. A sign-in policy, thermometer and | | |
| 9 | hand sanitizer were observed at screening station. Cough/sneeze etiquette and hand washing posters | | |
| 10 | were observed. Facility staff were observed to be wearing proper PPE. | | |
| 11 | | | |
| 12 | Facility has a sufficient 2-day perishable and one-week non-perishable food supply. Facility has a 30- | | |
| 13 | day supply of PPEs maintained at central location and easily accessible for staff. Facility has Mitigation | | |
| 14 | Plan, Emergency Disaster Plan, and maintains record of routine screening for residents, staff, and | | |
| 15 | visitors. | | |
| 16 | | | |
| 17 | No deficiency cited during visit. Exit interview conducted with Administrator, and a copy of this report | | |
| 18 | provided. | | |
| 19 | | | |
| 20 | | | |
| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |
| 25 | | | |
| NAME OF LICENSING PROGRAM MANAGER: Bennett Fong | | | |
| NAME OF LICENSING PROGRAM ANALYST: Catherine Lin | | | |

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/02/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/02/2022

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