

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 019200879

Report Date: 02/02/2022

Date Signed: 02/02/2022 05:28:48 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:	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 to conduct Infection Control Inspection. LPA met with Administrator Dillon Cagulada and disclosed the purpose of the visit.
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5	Upon entry, LPA's temperature was checked by the staff, asked to fill out Covid-19 questionnaire, and requested to wash hands. LPA toured facility including but not limited to front entrance, screening station, hand washing stations, bedrooms, bathrooms, kitchen, and common areas. 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 and hand washing posters were observed. Facility staff were observed to be wearing proper PPE.
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12	Facility has a sufficient 2-day perishable and one-week non-perishable food supply. Facility has a 30-day supply of PPEs maintained at central location and easily accessible for staff. Facility has Mitigation Plan, Emergency Disaster Plan, and maintains record of routine screening for residents, staff, and visitors.
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17	No deficiency cited during visit. Exit interview conducted with Administrator, and a copy of this report provided.
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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.**