

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 216800331  
Report Date: 09/09/2020  
Date Signed: 02/26/2021 10:28:54 AM

Document Has Been Signed on 02/26/2021 10:28 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: ATRIA TAMALPAIS CREEK	FACILITY NUMBER: 216800331
ADMINISTRATOR: TANCHOCO, CORRINE	FACILITY TYPE: 740
ADDRESS: 853 TAMALPAIS AVE	TELEPHONE: (415) 892-0944
CITY: NOVATO	STATE: CA
CAPACITY: 180	ZIP CODE: 94947
TYPE OF VISIT: Case Management - Other	CENSUS: 70
MET WITH: Corrine Tanchoco - Executive Director	DATE: 09/09/2020
	UNANNOUNCED TIME BEGAN: 04:59 PM
	TIME COMPLETED: 05:10 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Fernandes-Goes conducted an unannounced tele-visit inspection, on
2	9/9/2020 at approximately 5:00 PM in regards to an exemption denial notice dated 9/8/2020. LPA is
3	conducting a tele-visit with Executive Director Corrine Tanchoco. The inspection is being conducted by
4	tele-inspection due to COVID-19. The reader is advised that the LPA did not physically make a site visit.
5	At the time of inspection there were 70 residents.
6	
7	At approximately 5:00 PM Executive Director stated that individual I1 is not working at the facility and
8	ED understands that an exemption will be required if the staff is to be hired and associated to the facility.
9	
10	<b>Based on evidence obtained during today's visit, the LPA has verified the individual is not</b>
11	<b>present, employed, or residing at the facility. LPA has advised the licensee to disassociate the</b>
12	<b>individual from their roster and submit an updated LIC 500.</b>
13	
14	
15	
16	
17	<b>Verification of removal is complete.</b>
18	
19	<b>No citations issued during today's visit.</b>
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Carla Martinez
NAME OF LICENSING PROGRAM ANALYST: Carla Fernandes-Goes

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 09/09/2020

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/09/2020

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