

Department of

# SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 216801686

Report Date: 09/09/2021

Date Signed: 09/09/2021 12:32:05 PM

Document Has Been Signed on 09/09/2021 12:32 PM - It Cannot Be Edited

| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY |   | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 101 GOLF COURSE DR.<br>STE. A-230<br>ROHNERT PARK, CA 94928 |                |
|--|---|--|----------------|
| <b>FACILITY EVALUATION REPORT</b>                      |   |  |                |
| FACILITY NAME: ALDERSLY                                |   | FACILITY NUMBER:   | 216801686      |
| ADMINISTRATOR: GILBERT CARRASCO                        |   | FACILITY TYPE:   | 741            |
| ADDRESS: 326 MISSION AVENUE                            |   | TELEPHONE:   | (415) 453-7425 |
| CITY: SAN RAFAEL                                       | STATE: CA   | ZIP CODE:  | 94901          |
| CAPACITY: 122  | CENSUS: 81  | DATE:  | 09/09/2021     |
| TYPE OF VISIT: Required - 1 Year                       | UNANNOUNCED   | TIME BEGAN:  | 10:54 AM       |
| MET WITH: Administrator, Preet Kaur                    |   | TIME COMPLETED:  | 12:45 PM       |
| <b>NARRATIVE</b>                                       |   |  |                |
| 1  | Licensing Program Analyst (LPA), Farhaan Sarangi arrived at Aldersly for the purpose of conducting a                |  |                |
| 2  | Required-1 year inspection. LPA was greeted at the door by Administrator, Preet Kaur. LPA was granted               |  |                |
| 3  | access into the facility. The facility is composed of multiple buildings for CCRC with independent living           |  |                |
| 4  | and assisted living setting licensed by Community Care Licensing on all floors. The assisted living                 |  |                |
| 5  | setting is on a building in the right side of the facility. The facility also has a skilled nursing setting that is |  |                |
| 6  | not licensed by Community Care Licensing.   |  |                |
| 7  |   |  |                |
| 8  | LPA toured the facility at 11:00 AM with Administrator, Preet Kaur; facility was found to be clean and at a         |  |                |
| 9  | comfortable temperature with all exits free from obstruction. Exits were free from obstructions at the time         |  |                |
| 10   | of the visit. Fire Extinguisher was found to be last charged on 01/2021 at the time of the visit. Facility          |  |                |
| 11   | smoke detectors are hard wired and sound directly to the fire station. Smoke detectors, carbon                      |  |                |
| 12   | monoxide, and fire sprinklers are inspected, and inspection records are current with the last inspection            |  |                |
| 13   | being conducted on 07/29/2021. There are emergency lights in many of the fixtures in the common                     |  |                |
| 14   | areas of the facility that come on should a power outage occurs. Hot water temperature measured                     |  |                |
| 15   | between 115.8 degrees F and 120.0 degrees F within Title 22 acceptable regulation of 105 to 120                     |  |                |
| 16   | degrees F in bathrooms while touring the facility. There was a sufficient supply of both perishable and             |  |                |
| 17   | nonperishable foods as required by Title 22 Regulations. LPA toured the kitchen area on and learned                 |  |                |
| 18   | that there are provisions made for individuals/residents with special dietary needs. Facility has posted in         |  |                |
| 19   | assisted living kitchen resident's names and their needs. Food is available for residents any time of the           |  |                |
| 20   | day. There is a daily activity schedule for residents. Toxins are stored in a locked room. There was a              |  |                |
| 21   | supply of cleaners, hygiene products and paper products available for residents. Bathrooms were                     |  |                |
| 22   | equipped with necessary grab bars, and non-slip floors/mats were present in the bathroom shower.                    |  |                |
| 23   | Facility understands that all beds should be outfitted with mattress pads as per Title 22 Regulations #             |  |                |
| 24   | 87307.  |  |                |
| 25   |   |  |                |
| (Report continued on LIC 809C)                         |   |  |                |
| NAME OF LICENSING PROGRAM MANAGER: Hope DeBenedetti    |   |  |                |
| NAME OF LICENSING PROGRAM ANALYST: Farhaan Sarangi     |   |  |                |

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/09/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/09/2021

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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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 101 GOLF COURSE DR.  
STE. A-230  
ROHNERT PARK, CA 94928

FACILITY NAME: ALDERSLY

FACILITY NUMBER: 216801686

VISIT DATE: 09/09/2021

### NARRATIVE

1 LPA advised facility to contact County Public Health and Community Care Licensing immediately if  
2 symptoms or COVID-19 + in the facility. Facility has PPE in the office and attic. Facility is in the process  
3 of being N95 Fit tested.

4  
5 No deficiencies were observed or cited during today's Required 1- Year inspection. Exit interview was  
6 conducted and a copy of this report was emailed to the facility Administrator, Preet Kaur.  
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NAME OF LICENSING PROGRAM MANAGER: Hope DeBenedetti

NAME OF LICENSING PROGRAM ANALYST: Farhaan Sarangi

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/09/2021

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FACILITY REPRESENTATIVE SIGNATURE:

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