

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 270708207
Report Date: 12/15/2021
Date Signed: 12/17/2021 08:10:45 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, , CA
FACILITY EVALUATION REPORT	

FACILITY NAME: CARMEL VILLA	FACILITY NUMBER: 270708207
ADMINISTRATOR: KATHLEEN S. VORIS	FACILITY TYPE: 740
ADDRESS: 26635 PANCHO WAY	TELEPHONE: (831) 625-9394
CITY: CARMEL	STATE: CA
CAPACITY: 6	ZIP CODE: 93923
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Dina Wissenger	DATE: 12/15/2021
	UNANNOUNCED TIME BEGAN: 12:15 PM
	TIME COMPLETED: 01:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Marybeth Donovan conducted an unannounced Required - 1 Year
2	Annual Inspection to include Infection Control site visit and met with Dina Wissinger Assistant
3	Administrator.
4	
5	LPA toured the facility inside and out to include entry, kitchen, dining, living room, bedrooms, bathrooms,
6	and exterior. All fire exit routes were free and clear of obstructions. Medications are stored in a locked
7	cabinet in the kitchen. Toxins, cleaning supplies, knives and sharp objects are secured.
8	
9	Facility observed to have designated entry point for COVID 19 symptom screening with questionnaire.
10	Signs posted included Visitor policy, Mask Policy, Wear a Mask, Wash Your Hands, and Cough and
11	Cover. Bathrooms observed to be supplied with hygiene products and Hand washing signs posted as
12	well. Hand sanitizer available to residents and visitors. LPA observed supply of Personal Protective
13	Equipment (PPE).
14	
15	LPA reviewed the facility policies and procedures to include screening, visitation, isolation, disinfecting,
16	sick leave polices, training, and PPE usage.
17	
18	
19	No citations issued per the California Code of Regulations Tittle 22.
20	
21	LPA reviewed report with Dina Wissienger Assistant Administrator and a copy of this report provided.
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Jackie Jin NAME OF LICENSING PROGRAM ANALYST: Marybeth Donovan
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/15/2021

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