

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 275202591
Report Date: 12/16/2020
Date Signed: 12/22/2020 09:45:03 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, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
FACILITY EVALUATION REPORT	

FACILITY NAME: MERRILL GARDENS AT MONTEREY		FACILITY NUMBER: 275202591
ADMINISTRATOR: LAUREN M. POWELL		FACILITY TYPE: 740
ADDRESS: 200 IRIS CANYON RD		TELEPHONE: (831) 250-0930
CITY: MONTEREY	STATE: CA	ZIP CODE: 93940
CAPACITY: 150	CENSUS: 102	DATE: 12/16/2020
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 10:30 AM	
MET WITH: Tiffaney Santoro	TIME COMPLETED: 11:20 AM	

NARRATIVE	
1	Licensing Program Analyst (LPA) Marybeth Donovan conducted a Technical Assist (TA) Visit via Zoom
2	platform with Tiffaney Santoro General Manager/ Administrator, Ruby Perez Director of Activities and
3	Barbara Elenteny Program Clinical Consultant Nurse, California Department of Social Services. The
4	purpose of the visit was to provide technical assistance for Infection Prevention and Control guidelines
5	for Adult and Senior Care facilities. LPA conducted a virtual tour of the facility. LPA and PCC reviewed
6	the facility policies and procedures to include screening, disinfecting, staffing, training, emergency
7	medical care, PPE usage, Doffing and Donning of PPE, supplies and resident activities.
8	
9	The following recommendations were discussed:
10	
11	1. Post Donning and Doffing signage outside and inside of Isolation room(s).
12	2. Staff sanitize hands after leaving Isolation room
13	3. Maintain covered trash can inside Isolation room for proper disposal of contaminated PPE.
14	4. Staff change face mask after leaving Isolation room.
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16	LPA forwarded CDC signage for Donning and Doffing of PPE and informational Links on PPE usage.
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18	Report reviewed with Tiffaney Santoro and copy emailed for signature purposes.
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NAME OF LICENSING PROGRAM MANAGER: George Nwafor
NAME OF LICENSING PROGRAM ANALYST: Marybeth Donovan

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/16/2020

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE:

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