

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 275294322

Report Date: 12/16/2020

Date Signed: 12/22/2020 09:43:29 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:	PARK LANE, THE	FACILITY NUMBER:	275294322
ADMINISTRATOR:	BEAU A. AYERS	FACILITY TYPE:	740
ADDRESS:	200 GLENWOOD CIR	TELEPHONE:	(831) 373-0101
CITY:	MONTEREY	STATE: CA	93940
CAPACITY:	125	CENSUS: 77	DATE: 12/16/2020
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED TIME BEGAN:	11:30 AM
MET WITH:	Beau Ayers	TIME COMPLETED:	12:40 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Marybeth Donovan conducted a Technical Assist (TA) Visit via Zoom
2	platform with Beau Ayers Executive Director/ Administrator, Barbara Elenteny Program Clinical
3	Consultant (PCC) Nurse, California Department of Social Services and Sarah Yip Licensing Program
4	Manager. The purpose of the visit was to provide technical assistance for Infection Prevention and
5	Control guidelines for Adult and Senior Care facilities. LPA conducted a virtual tour of the facility. LPA
6	and PCC reviewed the facility policies and procedures to include screening, disinfecting, staffing,
7	training, PPE usage, Doffing and Donning of PPE, supplies and resident activities.
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9	The following recommendations were discussed:
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11	1. Post Donning and Doffing signage outside and inside of Isolation room(s).
12	2. Maintain covered trash can inside Isolation room for proper disposal of contaminated PPE.
13	3. Maintain social distancing by placement of chairs in the dining and living room areas of Memory Care.
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15	LPA forwarded PPE informational Links for review.
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17	Report reviewed with Beau Ayers 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.