

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361880525
Report Date: 11/01/2021
Date Signed: 11/01/2021 02:49:17 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME: MERRILL GARDENS AT RANCHO CUCAMONGA	FACILITY NUMBER: 361880525
ADMINISTRATOR: TAMO, DAVID	FACILITY TYPE: 740
ADDRESS: 9942 HIGHLAND AVENUE	TELEPHONE: (909) 303-9545
CITY: RANCHO CUCAMONGA	STATE: CA
CAPACITY: 150	ZIP CODE: 91737
TYPE OF VISIT: Required - 1 Year	CENSUS: 170
MET WITH: David Tamo, General Manager	DATE: 11/01/2021
	UNANNOUNCED TIME BEGAN: 02:00 PM
	TIME COMPLETED: 03:00 PM

NARRATIVE	
1	On 11/1/21 Licensing Program Analyst (LPA) Shaunte Henry arrived at the facility to conduct an
2	unannounced annual inspection with an emphasis on infection control. LPA met with general manager,
3	David Tamo, explained the nature of the inspection and was granted entry into the facility. LPA's
4	temperature was taken with an infrared/temporal thermometer and the LPA was screened for COVID-19
5	symptoms. There are currently 170 residents at the facility within the assisted living and memory care
6	buildings. 167 out of 170 residents are fully vaccinated. All staff are fully vaccinated. As of this date,
7	there are no positive COVID-19 cases or individuals with COVID-like symptoms present in the facility.
8	
9	LPA toured Building A (Assisted Living) and Building B (Memory Care) with the general manager. There
10	is one point of entry for routine COVID-19 symptoms screening is initiated for all residents, staff and
11	visitors. Signs have been posted throughout the facility which indicates the visitor policy and proper
12	hand washing, cough/sneeze etiquette, and social distancing practices. Facility also documents daily
13	temperature and COVID-19 symptom checks, and any change in condition for staff and residents. LPA
14	observed hand sanitizer throughout the facility. LPAs observed a sufficient supply of hand hygiene,
15	cleaning and disinfecting items. LPAs observed a sufficient supply of Personal Protective Equipment
16	(PPE) that included surgical masks, N-95 masks, face shields, gloves, gowns, glasses, etc. The facility
17	has a designated infection control person who is responsible for ensuring that the facility is compliance
18	with infection control practices. The facility has a COVID-19 mitigation plan in place, which outlines
19	testing requirements, isolating/quarantining positive COVID-19 cases, proper
20	cleaning/sanitizing/disinfecting and monitoring of individuals for COVID-like symptoms. The facility is
21	aware that it is mandatory that CCL is contacted if anyone tests positive for COVID-19.
22	
23	According to California Code of Regulations, Title 22, Division 6, there were no deficiencies observed or
24	cited during this visit. An exit interview was conducted where this report was discussed with and
25	provided to David Tamo.

NAME OF LICENSING PROGRAM MANAGER: Nedra Brown NAME OF LICENSING PROGRAM ANALYST: Shaunte Henry
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/01/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/01/2021

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