

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 380500295

Report Date: 05/26/2021

Date Signed: 05/26/2021 03:08:04 PM

**Document Has Been Signed on 05/26/2021 03:08 PM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: HERITAGE ON THE MARINA		FACILITY NUMBER:	380500295
ADMINISTRATOR: MELVIN MATSUMOTO		FACILITY TYPE:	741
ADDRESS: 3400 LAGUNA ST.		TELEPHONE:	(415) 202-0300
CITY: SAN FRANCISCO	STATE: CA	ZIP CODE:	94123
CAPACITY: 109	CENSUS: 73	DATE:	05/26/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	01:30 PM
MET WITH: Hanh Ta and Sandra Peret		TIME COMPLETED:	03:10 PM
<b>NARRATIVE</b>			
1	On 05/26/21, Licensing Program Analyst (LPA), Mohamed Filouane, conducted an unannounced 1-year		
2	required inspection. At 1:30 PM, LPA met with a staff member at the entrance of the facility. LPA		
3	underwent a health screening following the facility's entrance safety procedures. LPA also had his		
4	temperature checked and logged and then signed into the facility.		
5			
6	At 1:40PM, Administrator Hanh Ta and Infection Preventionist Sandra Peret met with LPA Filouane. LPA		
7	introduced himself and announced the 1-year required inspection.		
8			
9	At 1:55 PM, LPA toured the physical plant. The physical plant is consistent with the submitted facility		
10	sketch/floor plan and has the COVID-19 health and safety signage. There are no obstructions blocking		
11	indoor and outdoor passageways. The kitchen is sanitary and organized. At approximately 2:30 PM, LPA		
12	observed the refrigerator and freezer was stocked with fruits, vegetables, meat, eggs, and bottled water.		
13	LPA observed the facility's emergency food supply as sufficient.		
14			
15	The clients' bedrooms were inspected and all had required lighting and furniture.		
16	Facility is equipped with smoke detectors and carbon monoxide detectors. LPA also observed the fire		
17	extinguishers as current. The facility's first aid kit included the required tweezers, scissors, and a		
18	thermometer. During the facility tour, LPA observed the bathrooms are clean and sanitary. The facility		
19	bathrooms had the required hand washing signage. Cleaning solutions are stored and locked. PPE is		
20	stocked and current.		
21			
22			
23	At 2:40 PM, LPA completed the facility tour for Infection Control. This report was reviewed with the		
24	Administrator and the Infection Preventionist. No deficiencies were cited today.		
25			
Exit interview conducted with the Administrator and Infection Preventionist. Due to technical difficulties, a copy of this report will be emailed to the Administrator.			
NAME OF LICENSING PROGRAM MANAGER: Julio Montes			
NAME OF LICENSING PROGRAM ANALYST: Mohamed Filouane			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 05/26/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 05/26/2021

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