

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 385600019
Report Date: 11/08/2021
Date Signed: 11/08/2021 01:48:16 PM

Document Has Been Signed on 11/08/2021 01:48 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
FACILITY EVALUATION REPORT	

FACILITY NAME: PROVIDENCE PLACE	FACILITY NUMBER: 385600019
ADMINISTRATOR:KNOP, GALINA	FACILITY TYPE: 740
ADDRESS: 2456 GEARY BLVD.	TELEPHONE: (415) 359-9700
CITY: SAN FRANCISCO	STATE: CA
CAPACITY: 34	ZIP CODE: 94115
TYPE OF VISIT: Required - 1 Year	CENSUS: 23
MET WITH: Health and Wellnes Director, Catherine Villegas	DATE: 11/08/2021
	UNANNOUNCEDTIME BEGAN: 10:00 AM
	TIME COMPLETED: 12:15 PM

NARRATIVE	
1	On 11/8/2021, Licensing Program Analyst(LPA) Murial Han conducted an unannounced annual
2	inspection. LPA observed COVID-19 signs posted by the entrance. LPA was greeted by caregiver, Joy
3	Bautista then the Health and Wellness Director, Catherine Villegas arrived at the facility and assisted
4	with the annual inspection.. LPA explained the purpose of the visit and LPA was screened at the front
5	entrance.
6	
7	LPA toured facility and grounds. No accessible bodies of water or fire safety hazards observed. Infection
8	control practices are reviewed: entry procedures, staff training and policies, resident and staff daily
9	monitoring records (residents are being screened 3 time per day), containment strategies (facility has
10	designated rooms for isolation and quarantine purposes). PPE supply and the environmental cleaning
11	supply are adequate (facility cleans and disinfects high touched surfaces 2x/shift and floor daily),
12	bathrooms are equipped with hand washing instructions, liquid soap and paper towels. Bathroom Trash
13	cans are with foot operated lids; LPA Han recommended to have foot operated lid or trash can with lid in
14	the kitchen as well. Staff is observed to be wearing face covering and staff will continue to remind
15	residents to wear face covering. The beds in the semi-private rooms are 6" apart from each other.
16	COVID-19 signs, cough etiquette signs and hand washing signs are observed through-out the facility.
17	LPA Han recommended to post hand washing sign by the kitchen sink.
18	
19	Medications, toxins and sharps are stored appropriately and inaccessible to residents, a comfortable
20	temperature is maintained, lighting is sufficient for comfort and safety and food supply was checked and
21	observed to be sufficient. First-aid kit is inspected and complete.
22	
23	
24	During today's inspection, LPA Han requested for the following document to be submitted to the
25	Regional Office by 11/10/2021
	- Updated Emergency Disaster Plan LIC 610E
	No deficiency cited today. This report is discussed and reviewed with the Health and Wellness Director. A copy is provided.

NAME OF LICENSING PROGRAM MANAGER: Julio Montes

NAME OF LICENSING PROGRAM ANALYST: Murial Han

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/08/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/08/2021

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