

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 385600114
Report Date: 01/03/2022
Date Signed: 01/03/2022 05:15:16 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, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
FACILITY EVALUATION REPORT	

FACILITY NAME: MERCED RESIDENTIAL CARE FACILITY	FACILITY NUMBER: 385600114
ADMINISTRATOR: JOYCE, LEE	FACILITY TYPE: 740
ADDRESS: 259 BROAD STREET	TELEPHONE: (415) 585-6112
CITY: SAN FRANCISCO	STATE: CA
CAPACITY: 14	ZIP CODE: 94112
TYPE OF VISIT: Required - 1 Year	CENSUS: 14
MET WITH: Luong Ly	DATE: 01/03/2022
	UNANNOUNCED TIME BEGAN: 02:30 PM
	TIME COMPLETED: 05:30 PM

NARRATIVE	
1	LPA Audrey Jeung toured facility and grounds of this 2-level home, consisting of 4 client bedrooms on
2	the ground floor and 4 client bedrooms on the upper floor. On the 2nd floor, there are 2 shared
3	bathrooms, kitchen and living room, and on the ground floor, there is a shared bathroom, sitting area,
4	and garage office. There are stairs leading down to fenced backyard. Facility is connected to 257 Broad
5	St., licensed as Merced Two Residential Care Facility--license #385600181. No accessible bodies of
6	water or fire safety hazards observed. Infection control practices are reviewed: entry procedures, staff
7	training and policies, resident monitoring, containment strategies, environmental preparation and
8	cleaning. PPE supply is adequate. Medications, toxins and sharps are stored appropriately and
9	inaccessible to clients, a comfortable temperature is maintained, and lighting is sufficient for comfort and
10	safety. Toilet and bathing facilities are equipped with grab bars and nonskid flooring material. First-aid kit
11	is inspected and complete. A Disaster and Mass Casualty Plan is posted. There are 13 residents
12	present, and 5 staff. Criminal record clearances or exemptions for facility staff or other individuals who
13	have client contact have been reviewed. Tommy Lee and Luong Ly are certified RCFE administrators (x
14	4/23 and 5/22) that oversee facility operations.
15	
16	The following updated form is requested to be submitted to CCLD BY 1/10/22:
17	
18	• LIC 309 Administrative Organization
19	• Proof of current liability insurance
20	
21	
22	
23	No deficiencies of the RCFE California Code of Regulations, Title 22, Division 6, Chapter 8 are
24	observed. See Technical Advisory Notes for additional information.
25	

NAME OF LICENSING PROGRAM MANAGER: Julio Montes
NAME OF LICENSING PROGRAM ANALYST: Audrey Jeung

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/03/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/03/2022

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