

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 385600181  
Report Date: 05/27/2021  
Date Signed: 05/27/2021 11:32:18 AM

Document Has Been Signed on 05/27/2021 11:32 AM - 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: MERCED TWO RESIDENTIAL CARE FACILITY	FACILITY NUMBER: 385600181
ADMINISTRATOR: JOYCE LEE	FACILITY TYPE: 740
ADDRESS: 257 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 (Jack) and Tommy Lee	DATE: 05/27/2021
	UNANNOUNCED TIME BEGAN: 10:20 AM
	TIME COMPLETED: 11:40 AM

NARRATIVE	
1	On 05/27/21, Licensing Program Analyst (LPA), Mohamed Filouane, conducted an unannounced 1-year
2	required inspection. At 10:30 AM, LPA met with Administrator Luong Ly at the entrance of the facility and
3	announced the 1-year required inspection. LPA underwent a health screening following the facility's
4	entrance safety procedures. LPA also had his temperature checked and logged and then signed into the
5	facility. Licensee Tommy Lee arrived at the facility shortly after.
6	
7	At 10:40 AM, LPA toured the physical plant. The physical plant is consistent with the submitted facility
8	sketch/floor plan and has the COVID-19 health and safety signage. There are no obstructions blocking
9	indoor and outdoor passageways. The kitchen is sanitary and organized. The facility uses the connected
10	facility's kitchen to prepare meals. At approximately 10:55 AM, LPA observed the refrigerator and freezer
11	was stocked with fruits, vegetables, meat, eggs, and bottled water. LPA observed the facility's
12	emergency food supply as sufficient.
13	
14	The clients' bedrooms were inspected and all had required lighting and furniture. Facility is equipped
15	with smoke detectors and carbon monoxide detectors. LPA also observed the fire extinguishers as
16	current. The facility's first aid kit included the required tweezers, scissors, and a thermometer. During the
17	facility tour, LPA observed the bathrooms are clean and sanitary. The facility bathrooms had the required
18	hand washing signage. LPA advised to include additional handwashing signage at the facility's sanitation
19	stations. Cleaning solutions are stored and locked. PPE is stocked and current.
20	
21	At 11:00 AM, LPA completed the facility tour for Infection Control. This report was reviewed with the
22	Administrator and the Licensee. No deficiencies were cited today.
23	
24	Exit interview conducted with the Administrator. Due to technical difficulties, a copy of this report will be
25	emailed to the Administrator.

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Julio Montes <b>NAME OF LICENSING PROGRAM ANALYST:</b> Mohamed Filouane
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**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 05/27/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 05/27/2021

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