

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415600689

Report Date: 07/22/2021

Date Signed: 07/27/2021 01:38:40 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: STRATFORD, THE	FACILITY NUMBER:	415600689
ADMINISTRATOR:CAMILLE CHRISTIE	FACILITY TYPE:	741
ADDRESS: 601 LAUREL AVE	TELEPHONE:	(650) 342-4106
CITY: SAN MATEO	STATE: CA ZIP CODE:	94401
CAPACITY: 96	CENSUS: 78 DATE:	07/22/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN:	02:00 PM
MET WITH: Maria Nitescu	TIME COMPLETED:	05:00 PM

NARRATIVE	
1	LPA Audrey Jeung toured facility and grounds of this Continuing Care Retirement Community, consisting of studio, one, two and three bedroom apartments--each with full private bathrooms--on 10 floors. Most staff are observed wearing face coverings. No accessible bodies of water or fire safety hazards observed. Infection control practices are reviewed: entry procedures, staff training and policies, resident monitoring, containment strategies, environmental preparation and cleaning. PPE supply is adequate and infection control signs are posted. Medications, toxins and sharps are stored appropriately and inaccessible to clients, a comfortable temperature is maintained, and lighting is sufficient for comfort and safety. Toilet and bathing facilities are equipped with grab bars and nonskid flooring material. Liquid soap is available at all sinks. First-aid kit is inspected and complete. An updated Disaster and Mass Casualty Plan is posted. There are 8 residents in the assisted living unit--Laurel Wing--and 2 caregivers plus 2 nurses present. Criminal record clearances or exemptions for facility staff or other individuals who have client contact have been reviewed, including caregivers' health screenings and TB test results. First-aid training for Laurel Wing caregivers is current. Camille Christie is a certified RCFE administrator (x 6/22) that oversees facility operations.
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16	The following updated forms/information are requested to be submitted to CCLD BY 7/29/21:
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18	• LIC 309 Administrative Organization
19	• LIC 500 Personnel Report
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23	
24	No deficiencies of the RCFE California Code of Regulations, Title 22, Division 6, Chapter 8 are observed. See Technical Assistance issued.
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NAME OF LICENSING PROGRAM MANAGER: Julio Montes

NAME OF LICENSING PROGRAM ANALYST: Audrey Jeung

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 07/22/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/22/2021

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