

Department of

SOCIAL SERVICES

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		
2	of studio, one, two and three bedroom apartments--each with full private bathrooms--on 10 floors. Most		
3	staff are observed wearing face coverings. No accessible bodies of water or fire safety hazards		
4	observed. Infection control practices are reviewed: entry procedures, staff training and policies, resident		
5	monitoring, containment strategies, environmental preparation and cleaning. PPE supply is adequate		
6	and infection control signs are posted. Medications, toxins and sharps are stored appropriately and		
7	inaccessible to clients, a comfortable temperature is maintained, and lighting is sufficient for comfort and		
8	safety. Toilet and bathing facilities are equipped with grab bars and nonskid flooring material. Liquid		
9	soap is available at all sinks. First-aid kit is inspected and complete. An updated Disaster and Mass		
10	Casualty Plan is posted. There are 8 residents in the assisted living unit--Laurel Wing--and 2 caregivers		
11	plus 2 nurses present. Criminal record clearances or exemptions for facility staff or other individuals who		
12	have client contact have been reviewed, including caregivers' health screenings and TB test results.		
13	First-aid training for Laurel Wing caregivers is current. Camille Christie is a certified RCFE administrator		
14	(x 6/22) that oversees facility operations.		
15			
16	The following updated forms/information are requested to be submitted to CCLD BY 7/29/21:		
17			
18	• LIC 309 Administrative Organization		
19	• LIC 500 Personnel Report		
20			
21			
22			
23			
24	No deficiencies of the RCFE California Code of Regulations, Title 22, Division 6, Chapter 8 are		
25	observed. See Technical Assistance issued.		
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.