

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415600787

Report Date: 03/13/2025

Date Signed: 03/13/2025 03:26:02 PM

Document Has Been Signed on 03/13/2025 03:26 PM - **It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
FACILITY EVALUATION REPORT	

FACILITY NAME:	PALM VILLAS	FACILITY NUMBER:	415600787
ADMINISTRATOR/SNEPER, GARRY DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	1931 WOODSIDE ROAD	TELEPHONE:	(650) 369-3197
CITY:	REDWOOD CITY	STATE: CA	ZIP CODE: 94061
CAPACITY:	49	CENSUS: 38	DATE: 03/13/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	09:40 AM
MET WITH:	Nora Saavedra, Administrator	BEGAN: TIME VISIT/ INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE

1 On 3/13/2025, Licensing Program Analyst(LPA) John Calandra arrived at the facility at 9:40 AM to
2 conduct the Annual 1-year required inspection. LPA Calandra was greeted by Nora Saavedra,
3 Administrator and explained the purpose of the visit.
4
5 LPA toured the physical plant. This is a 1-story building with 30 bedrooms and 30 bathrooms, a living
6 room, dining room, kitchen, and outdoor space/backyard. All bedrooms had the required furniture and
7 sufficient lighting. No accessible bodies of water or hazards were observed in hallways or the backyard.
8 The facility's fire alarms and Carbon Monoxide detector were observed to be in working order. The
9 facility's first aid kit was observed to have all required items. The facility had the required 7 days of non
10 perishables and 2 days of perishables on site. No food was expired. The facility was maintained at a
11 comfortable temperature of 70 degrees Fahrenheit. The facility's hot water was measured between the
12 required 105-120 degrees Fahrenheit. The facility's fire extinguishers were last serviced on 4/8/2024.
13
14 All sharp objects, poisons, and detergents were observed to be locked and in-accessible to persons in
15 care.
16
17 LPAs reviewed 5 resident records and 6 staff files. All were observed to be complete. This facility does
18 not handle cash for residents.
19
20 A review of Centrally stored medications indicated that medications for residents were properly labeled
21 with instructions on dosage and times of day and matched the Centrally Stored Medication records kept
22 at the facility.
23
24 LPA Calandra received the following documents while at the facility:
25 -Administrator Certificates
-LIC 500

LPA Calandra requested the following documents be sent to the Department by 3/21/2025:

-Transportation Procedures
-LIC 308: Designation of Facility Responsibility
-LIC 400

SUPERVISORS NAME: Andrea Medlin
LICENSING EVALUATOR NAME: John Calandra
LICENSING EVALUATOR SIGNATURE:



DATE: 03/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/13/2025

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

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360
SAN BRUNO, CA 94066

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: PALM VILLAS

FACILITY NUMBER: 415600787

VISIT DATE: 03/13/2025

NARRATIVE

- 1 No deficiencies were cited during today's visit.
- 2
- 3 An exit interview was conducted. This report was reviewed with Nora Saavedra, Administrator and a
- 4 copy of the report left at the facility.
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SUPERVISORS NAME: Andrea Medlin
LICENSING EVALUATOR NAME: John Calandra
LICENSING EVALUATOR SIGNATURE:

DATE: 03/13/2025

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