

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415600980
Report Date: 11/20/2020
Date Signed: 11/30/2020 03:25:28 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 | |

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|--|----------------------------|
| FACILITY NAME: ATRIA AT FOSTER SQUARE | FACILITY NUMBER: 415600980 |
| ADMINISTRATOR: FREDDIE FULLON | FACILITY TYPE: 740 |
| ADDRESS: 707 THAYER LN | TELEPHONE: (650) 532-2460 |
| CITY: FOSTER CITY | STATE: CA |
| CAPACITY: 216 | ZIP CODE: 94404 |
| TYPE OF VISIT: Case Management - Other | CENSUS: 141 |
| MET WITH: Freddie Fullon | ANNOUNCED |
| | DATE: 11/20/2020 |
| | TIME BEGAN: 01:00 PM |
| | TIME COMPLETED: 02:40 PM |

| NARRATIVE | |
|-----------|--|
| 1 | Licensing Program Analyst (LPA) Michael Garcia and Licensing Program Manager (LPM) Brenda Chan |
| 2 | conducted an announced case management visit to this facility to provide a Technical Assistance (TA) |
| 3 | regarding COVID-19. Due to COVID-19 pandemic, the visit was conducted remotely via video call. The |
| 4 | TA visit was conducted with Freddie Fullon, executive director/administrator. |
| 5 | |
| 6 | LPA discussed with Administrator the facility's COVID-19 infection control, mitigation and staffing plan. |
| 7 | |
| 8 | According to Administrator, the facility currently has two (2) staff tested positive for COVID-19. Both |
| 9 | staffs are isolating at home and being monitored. The facility is in contact with Department of Public |
| 10 | Health (DPH) regarding mass testing which is scheduled to be on November 24th and November 25th. |
| 11 | The facility has conducted contact tracing and surveillance testing according to the guidance of DPH. |
| 12 | Staff and residents that were tested have negative test results for COVID-19. The facility plans to |
| 13 | resume the surveillance testing of 25% of its staff every 7 days after two rounds of negative test results |
| 14 | for all facility staff and residents. |
| 15 | |
| 16 | |
| 17 | A case management continuation is scheduled on Tuesday, November 24, 2020, at 1:00pm. |
| 18 | |
| 19 | Licensing will be conducting daily calls to the facility to monitor its COVID-19 positive cases. |
| 20 | |
| 21 | Administrator is to submit to LPA, via email, the facility's infection control, mitigation and staff plan within |
| 22 | 24 hours. |
| 23 | |
| 24 | Report was discussed with Administrator. An electronic copy of the report was emailed to Administrator |
| 25 | for signature. |

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| NAME OF LICENSING PROGRAM MANAGER: Brenda Chan NAME OF LICENSING PROGRAM ANALYST: Michael Garcia |
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/20/2020

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/20/2020

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