

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 415601085  
Report Date: 07/07/2021  
Date Signed: 07/07/2021 06:09:18 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, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	HEARTS AT MILLWOOD ASSISTED LIVING	FACILITY NUMBER:	415601085
ADMINISTRATOR:	ERMITANO, ELAINE B.	FACILITY TYPE:	740
ADDRESS:	416 MILLWOOD DR	TELEPHONE:	(415) 624-4654
CITY:	MILLBRAE	STATE:	CA
CAPACITY:	6	ZIP CODE:	94030
TYPE OF VISIT:	Required - 1 Year	CENSUS:	5
MET WITH:	Elaine Ermitano	DATE:	07/07/2021
		UNANNOUNCED TIME BEGAN:	12:44 PM
		TIME COMPLETED:	02:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Gladys Kuizon conducted an annual inspection today and met with
2	Administrator Elaine Ermitano.
3	
4	LPA entered the facility through the facility's central entry point. 1 resident was observed watching TV in
5	the living room. LPA was screened by staff upon entrance. At 12:51 PM, a tour of the facility was
6	conducted. The facility's screening procedures were reviewed. COVID-19 postings including hand-
7	washing and infection control guides were observed throughout the facility including on the main
8	entrance, hallways, and bathrooms. Staff were observed wearing face coverings.
9	
10	The facility has a supply of personal protective equipment (PPE) including face shields, isolation gowns,
11	gloves, and face masks. Hand sanitizers, soap, and single use hand towels were observed available.
12	The facility has at least 30 days' supply of residents' medications. At least 2 days' supply of perishable
13	food and at least 1 week's supply on non-perishable food supply was observed in the premises.
14	
15	Per Administrator, all residents and staff are fully vaccinated against COVID-19. The facility is currently
16	accepting visitors inside the facility. A designated visitation area is available.
17	
18	
19	Exit routes were observed clear and unobstructed. No open bodies of water were observed. Resident
20	roster with current emergency contact information is available.
21	
22	The facility's COVID-19 mitigation plan was reviewed and discussed with Administrator.
23	
24	No deficiencies were cited. Exit interview conducted with Administrator and a copy of this report was
25	provided during visit.

<b>NAME OF LICENSING PROGRAM MANAGER:</b> George Nwafor
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Gladys Kuizon

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/07/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/07/2021

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