

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435200605

Report Date: 11/13/2020

Date Signed: 12/01/2020 03:37:49 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	
FACILITY EVALUATION REPORT			
FACILITY NAME: ATRIA WILLOW GLEN		FACILITY NUMBER: 435200605	
ADMINISTRATOR: GURSU, UGUR (KURT)		FACILITY TYPE: 740	
ADDRESS: 1660 GATON DR		TELEPHONE: (408) 266-1660	
CITY: SAN JOSE	STATE: CA	ZIP CODE: 95125	
CAPACITY: 63	CENSUS: 48	DATE: 11/13/2020	
TYPE OF VISIT: Case Management - Other	UNANNOUNCED	TIME BEGAN: 08:30 AM	
MET WITH: Kurt Gursu		TIME COMPLETED: 12:00 PM	
NARRATIVE			
1	LPA Steve Nguyen, LPM Romeo Manzano, CDPH Health Facilities Evaluator Nurse (HFEN) Rebekha		
2	Bird-Wolgemuth, HAI Kennedy, and PHN Melissa Schilling conducted a tele-visit with Executive		
3	Director, Kurt Gursu and Memory Care Director, Richard Olsen. The tele-visit consisted of a virtual tour		
4	of the facility and LPA advised Kurt the purpose of the visit was to provide the facility guidance and		
5	assistance regarding COVID-19 positive status of facility.		
6			
7	The tour showed that the facility (main building) had sufficient COVID-19 signage throughout the facility.		
8	Restroom were observed clean and with paper towels. Hand sanitizing station were available throughout		
9	the facility. Observed sign in forms and temperature check (with digital thermometer) station at front		
10	entrance (main building). Additionally, the facility had ample PPE's on hand and mitigation/ infection		
11	control has been submitted to CCLD. All staff were observed wearing face masks. LPA observed house		
12	keepers cleaning facility while conducting virtual tour. House keepers are using EPA approved		
13	disinfectant and all chemicals are locked away while not in use. Food was observed to be served in		
14	disposable containers. Staff encourages residents to social distance.		
15			
16	The facility has 3 shifts:		
17			
18	There are no staffing issues at this time		
19			
20	AM has 4 staff, 1 med tech, 1 director, and 1 activity staff		
21	PM has 3 staff, 1 med tech, 1 director, and 1 activity staff		
22	NOC has 1 staff, 1 med tech		
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: George Nwafor			
NAME OF LICENSING PROGRAM ANALYST: Steve Nguyen			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/13/2020

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/13/2020

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

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 2580 N. FIRST STREET,
STE. 350
SAN JOSE, CA 95131

FACILITY NAME: ATRIA WILLOW GLEN

FACILITY NUMBER: 435200605

VISIT DATE: 11/13/2020

NARRATIVE

- 1 Per Administrator, facility has designated staff to work in memory care unit.
- 2
- 3 Based on observations, the following recommendations were made:
- 4 1. Place covered trash can inside each isolation room and outside
- 5 2. Provide paper towel dispenser in restroom
- 6 3. Staff should shower and change before entering their residences
- 7 4. Positive Covid residents should cohort during meal service
- 8 5. Negative Covid residents should be separated from COVID positive residents during meals
- 9
- 10 Reviewed report with Kurt Gursu and an email sent for signature purposes.
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- 12 END OF REPORT
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NAME OF LICENSING PROGRAM MANAGER: George Nwafor

NAME OF LICENSING PROGRAM ANALYST: Steve Nguyen

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 11/13/2020

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DATE: 11/13/2020

LIC809 (FAS) - (06/04)

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