

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 435200731  
Report Date: 01/08/2021  
Date Signed: 02/01/2021 11:54:06 AM

**Document Has Been Signed on 02/01/2021 11:54 AM - It Cannot Be Edited**

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: ATRIA SUNNYVALE	FACILITY NUMBER: 435200731
ADMINISTRATOR: BYRON PERRYMAN	FACILITY TYPE: 740
ADDRESS: 175 E REMINGTON DR	TELEPHONE: (408) 738-3410
CITY: SUNNYVALE	STATE: CA
CAPACITY: 160	ZIP CODE: 94087
TYPE OF VISIT: Case Management - Other	CENSUS: 91
MET WITH: Byron Perryman	ANNOUNCED
	DATE: 01/08/2021
	TIME BEGAN: 02:00 PM
	TIME COMPLETED: 03:08 PM

NARRATIVE	
1	Due to COVID-19 pandemic, Licensing Program Analyst (LPA) Yatfai Eric Ng partnered with a Health
2	Facilities Evaluator Nurse (HFEN) Veronica Nazareth from the California Department of Public Health,
3	conducted a Case Management - Other - tele-visit via FaceTime, to provide a technical assistance to
4	prevent and mitigate the spread of COVID-19 at the facility. LPA and HFEN met with the Administrator
5	(ADM) Byron Perryman.
6	
7	LPA and HFEN toured virtually with ADM holding the telephone showing around the facility. The tour
8	started at the outside of the entrance. There were signs reminding visitors to practice social distance
9	and Provider Information Notices from the Department to explain the visitation limitation. Only 1 entry
10	and exit point for the facility. A screening station with thermometer, gloves, face masks, sign in sheet
11	were observed. LPA, HFEN toured assisted living unit, memory care unit, patio, and staff's break room.
12	Hand sanitizing stations were scattered in the facility. Staff in the facility wore gloves, masks, and
13	goggles/face shields. Restrooms had soap and paper towels readily available. Covered trash bins were
14	available throughout the facility.
15	
16	The following infection control practices were suggested to prevent, contain, and mitigate the spread of
17	COVID-19:
18	
19	1. Chairs should be at least 6 feet apart
20	2. Tape chairs or parts of benches that are not to be seated to practice social distancing
21	3. Staff should not turn off the faucet without using a piece of paper towel
22	4. Staff are to be screened twice a day
23	
24	
25	
	ADM stated the recommendations would be implemented. No deficiency cited during visit.
	This report was emailed to the ADM to review and to obtain a signature.

**NAME OF LICENSING PROGRAM MANAGER:** Sarah Yip

**NAME OF LICENSING PROGRAM ANALYST:** Yatfai Ng

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 01/08/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 01/08/2021

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