

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435200930

Report Date: 11/24/2020

Date Signed: 11/24/2020 02:51:40 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:	VI AT PALO ALTO	FACILITY NUMBER:	435200930
ADMINISTRATOR:	STEVE A. BRUDNICK	FACILITY TYPE:	741
ADDRESS:	620 SAND HILL ROAD	TELEPHONE:	(650) 853-5000
CITY:	PALO ALTO	STATE: CA	ZIP CODE: 94304
CAPACITY:	876	CENSUS: 548	DATE: 11/24/2020
TYPE OF VISIT:	Case Management - Other	ANNOUNCED	TIME BEGAN: 09:00 AM
MET WITH:	Mark Nelson	TIME	TIME COMPLETED: 10:45 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) David Marrufo and California Department of Public Health HFEN
2	Nurse Angela Brand conducted a tele-visit via Zoom to provide technical assistance to prevent and
3	mitigate the spread of COVID-19 at the facility. LPA met with facility staff Associate Executive Director
4	Yannick Gilbert and Care Center Administrator Mark Nelson. CCLD Regional Manager Vivien Helbling,
5	Santa Clara County Department of Public Health (SCCDPH) representative Sally Thach, and CCLD
6	Continuing Contracts Bureau Manager Allison Nakatomi also attended the Zoom meeting.
7	
8	During the meeting, CCLD and SCCDPH representatives discussed with Mr. Gilbert and Mr. Nelson the
9	importance of the facility to be responsive to communications with CCLD and SCCDPH as well as
10	providing line lists when requested. In addition, CCLD and SCCDPH discussed a COVID-19 positive
11	resident who was hospitalized and Mr. Nelson and Mr. Gibson stated that the resident was hospitalized
12	per doctor's orders.
13	
14	During today's tele-visit, HFEN Angela Brand did not have any recommendations after being given a
15	virtual tour of the facility's entrance, signs, PPE supplies, and isolation room entrance.
16	
17	No deficiencies were cited at this time as per California Code of Regulations Title 22.
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19	This report was reviewed with Mark Nelson. A copy of the report will be sent to him for it to be signed
20	and returned to CCLD.
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NAME OF LICENSING PROGRAM MANAGER: George Nwafor

NAME OF LICENSING PROGRAM ANALYST: David Marrufo

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 11/24/2020

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 11/24/2020

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