

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435200989

Report Date: 01/06/2021

Date Signed: 01/06/2021 10:15:08 AM

Document Has Been Signed on 01/06/2021 10:15 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 | |
| FACILITY EVALUATION REPORT | | | |
| FACILITY NAME: BRIDGEPOINT AT LOS ALTOS | | FACILITY NUMBER: 435200989 | |
| ADMINISTRATOR: MARIA QUINTERO | | FACILITY TYPE: 740 | |
| ADDRESS: 1174 LOS ALTOS AVENUE | | TELEPHONE: (650) 948-7337 | |
| CITY: LOS ALTOS | | STATE: CA ZIP CODE: 94022 | |
| CAPACITY: 150 | | CENSUS: 99 DATE: 01/06/2021 | |
| TYPE OF VISIT: Case Management - Other | | UNANNOUNCED TIME BEGAN: 09:30 AM | |
| MET WITH: Maria Quintero | | TIME COMPLETED: 10:30 AM | |
| NARRATIVE | | | |
| 1 | Licensing Program Analyst (LPA) David Marrufo and HFEN Nurse Emma Erickson conducted a tele-visit | | |
| 2 | via Zoom to provide technical assistance to prevent and mitigate the spread of COVID-19 at the facility. | | |
| 3 | LPA Marrufo, and HFEN Emma Erickson met with Administrator Maria Quintero. | | |
| 4 | | | |
| 5 | The Administrator reports that there are currently 3 COVID-19 positive residents and 5 COVID-19 | | |
| 6 | positive staff. | | |
| 7 | | | |
| 8 | During today's tele-visit, the following recommendations were made to the facility by HFEN Maria | | |
| 9 | Quintero: | | |
| 10 | | | |
| 11 | 1. Staff should not use surgical masks underneath N95 masks | | |
| 12 | 2. Gowns should be stored before use and not reused. Gowns should be disposed before leaving | | |
| 13 | isolation rooms. | | |
| 14 | | | |
| 15 | No deficiencies were cited as per California Code of Regulations, Title 22. | | |
| 16 | | | |
| 17 | | | |
| 18 | This report was reviewed with Administrator Maria Quintero. A copy of the report will be sent to her for it | | |
| 19 | to be signed and returned to CCL. | | |
| 20 | | | |
| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |
| 25 | | | |
| NAME OF LICENSING PROGRAM MANAGER: George Nwafor | | | |
| NAME OF LICENSING PROGRAM ANALYST: David Marrufo | | | |

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/06/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/06/2021

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