

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435201317

Report Date: 12/03/2020

Date Signed: 12/10/2020 03:11:03 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:	SUNNY VIEW RETIREMENT COMMUNITY	FACILITY NUMBER:	435201317
ADMINISTRATOR:	NELSON RODRIGUES	FACILITY TYPE:	741
ADDRESS:	22445 CUPERTINO ROAD	TELEPHONE:	(408) 454-5600
CITY:	CUPERTINO	STATE: CA	ZIP CODE: 95014
CAPACITY:	190	CENSUS: 125	DATE: 12/03/2020
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED TIME BEGAN:	01:00 PM
MET WITH:	Nelson Rodrigues and Adriana De La O	TIME	02:00 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Manager Julio Montes, Licensing Program Analyst Joanne Roadilla and Health
2	Facilities Evaluator Nurse (HFEN) Barbie Henson from the California Department of Public Health,
3	conducted a tele-visit via Zoom to provide technical assistance to prevent and mitigate the spread of
4	COVID-19 at the facility. LPM, LPA and HFEN met with Executive Director Nelson Rodrigues and
5	Director of Health Services, Adriana De La O.
6	
7	At around 1:30pm, LPM/LPA/HFEN virtually toured the residential living side of the community including
8	the memory care (MC) unit. COVID-19 postings were visible throughout the facility. A screening station
9	was observed at the central entry and hand sanitizers were observed in common areas at the facility.
10	Social distancing guidelines are being implemented, some residents at the MC unit were observed
11	watching TV and were seated at least 6 feet apart from each other. Staff were observed wearing masks
12	and practicing social distancing.
13	
14	HFEN suggested the following areas of infection control practices to prevent, contain, and mitigate the
15	spread of COVID-19 at the facility:
16	1. Plan to designate an area for COVID-19 positive residents and have a dedicated staff with their own
17	break room and bathroom so the facility can minimize co-mingling between positive and negative
18	residents.
19	2. Replace the trash bins in bathrooms with lidded trash cans that are foot operated to prevent cross
20	contamination.
21	
22	This report was provided to Nelson Rodrigues and Adriana De La O for review then sign and mail back
23	to CCL.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Romeo Manzano

NAME OF LICENSING PROGRAM ANALYST: Joanne Roadilla

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 12/04/2020

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 12/04/2020

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