

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202572
Report Date: 10/12/2021
Date Signed: 10/13/2021 08:44:26 AM

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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: MERRILL GARDENS AT CAMPBELL	FACILITY NUMBER: 435202572
ADMINISTRATOR: WELCH, JOYCE	FACILITY TYPE: 740
ADDRESS: 2115 S WINCHESTER BLVD	TELEPHONE: (408) 370-6454
CITY: CAMPBELL	STATE: CA
CAPACITY: 166	ZIP CODE: 95008
TYPE OF VISIT: Required - 1 Year	CENSUS: 155
MET WITH: Joyce Welch	DATE: 10/12/2021
	UNANNOUNCED TIME BEGAN: 09:58 AM
	TIME COMPLETED: 12:25 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Ryker Heberle conducted an annual inspection today and met with
2	General Manager Joyce Welch (GM). At 10:00 AM, LPA entered the facility through the main entrance
3	point and was screened by staff. At 10:05 AM, a tour of the facility's assisted living building B was
4	conducted with staff. COVID-19 postings were observed in the hallways and some, but not all common
5	areas. Staff were observed wearing face coverings. Bistro ceiling noted to have ceiling tiles missing, GM
6	indicated that a resident accidentally flooded their bathroom, and it caused leaking from the ceiling on
7	10/11/2021. Facility is currently ensuring that there is no water damage and that the area has fully dried.
8	Facility already have ceiling tiles ready to replace the damaged ones.
9	
10	During tour of building D, LPA noted that public bathrooms did not have handwashing signs, or lidded
11	trash cans and one bathroom was out of paper towels. Paper towels were restocked moments later.
12	Facility temperature noted to be between 68°F and 79°F. Facility water temperature measured to be
13	between 115.5°F and 116.0°F. Fire extinguishers noted to be last inspected in March of 2021.
14	
15	Hand sanitizers, soap, and paper supplies were observed available. At least 30 days' supply of personal
16	protective equipment (PPE) were available in the premises. Per Administrator, the facility is currently
17	accepting visitors inside the facility, including residents' bedrooms. The facility has reached a 100%
18	COVID-19 vaccination rate for staff and 100% save 1 for residents. The facility's COVID-19 mitigation
19	plan has been reviewed and is still in place.
20	
21	No deficiencies were cited. Advisory notes issued. Exit interview conducted with GM and a copy of this
22	report was provided during visit.
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Sarah Yip
NAME OF LICENSING PROGRAM ANALYST: Ryker Heberle

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/12/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/12/2021

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