

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202572
Report Date: 11/08/2024
Date Signed: 11/08/2024 11:51:22 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350	
		SAN JOSE, CA 95131	
FACILITY NAME: MERRILL GARDENS AT CAMPBELL		FACILITY NUMBER:	435202572
ADMINISTRATOR/BRADLEY, BURGOYNE		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(408) 370-6454
ADDRESS: 2115 S WINCHESTER BLVD	STATE: CA	ZIP CODE:	95008
CITY: CAMPBELL	CENSUS: 150	DATE:	11/08/2024
CAPACITY: 166	UNANNOUNCED TIME VISIT/INSPECTION		11:10 AM
TYPE OF VISIT: POC	BEGAN:		
MET WITH: Administrator, Bradley Burgoyne	TIME VISIT/INSPECTION		12:00 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Marcella Tarin arrived unannounced to conduct a case management to
2	follow up on deficiencies that were cited on 10/28/2024. LPA Tarin met with Administrator (ADM) Bradley
3	Burgoyne.
4	
5	On 10/28/2024, LPA Tarin conducted the facility's annual inspection. During resident record review, LPA
6	Tarin observed Resident records for R2 and R3, did not contain updated physician's reports. Resident
7	R2 and R3 physician's reports were not updated within the year. R2 and R3 have neurocognitive
8	disorder. During staff record review, LPA Tarin observed 3 out of 8 staff (S2, S6, and S7) records did not
9	contain CPR/first aid training.
10	
11	During today's visit, LPA Tarin reviewed documentation for S2 and S7 to have completed CPR/First Aid
12	training on 10/28/2024. ADM stated S6 has completed the CPR/First Aid training, but has not obtained
13	the certificate. ADM states the facility will email a copy of S6's CPR/First Aid training once it is obtained.
14	
15	LPA Tarin reviewed updated physician's reports for R2, updated on 09/24/2024. ADM states R3 had a
16	video appointment with his/her physician on 11/7/2024, and is awaiting a copy of the updated
17	physician's report. ADM states the facility will email a copy of R3's updated physician's report once it is
18	received.
19	
20	LPA Tarin cleared the deficiencies cited on 10/28/2024 during today's visit. A Letter of Deficiency
21	Citations Cleared was printed and provided to ADM.
22	
23	
24	No deficiencies were cited during today's visit. A copy of this report was provided to ADM Bradley
25	Burgoyne.

NAME OF LICENSING PROGRAM MANAGER: Jin Jackie

NAME OF LICENSING PROGRAM ANALYST: Marcella Tarin

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/08/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/08/2024

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