

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202646
Report Date: 06/22/2021
Date Signed: 06/30/2021 10:31:18 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: MAGDALENE RESIDENTIAL CARE	FACILITY NUMBER: 435202646
ADMINISTRATOR: LITERATO-HILARIO, FE	FACILITY TYPE: 740
ADDRESS: 1109 E HOMESTEAD RD	TELEPHONE: (408) 882-3926
CITY: SUNNYVALE	STATE: CA
CAPACITY: 6	ZIP CODE: 94087
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Fe Literato-Hilario	DATE: 06/22/2021
	UNANNOUNCED TIME BEGAN: 03:10 PM
	TIME COMPLETED: 04:40 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Yatfai Eric Ng conducted an unannounced infection control site visit
2	today. LPA met with the Licensee Fe Literato-Hilario.
3	
4	One central entry point was designated for all staff, residents, and visitors. A temperature screening
5	station, sign in sheet, and hand sanitizer were present at the entrance. LPA was temperature checked
6	upon entry.
7	
8	LPA toured the facility.
9	
10	The facility was observed to be in sanitary condition. Signs were posted to remind to practice social
11	distancing. All staff members were observed to be wearing masks.
12	
13	The restroom observed to be adequately stocked with paper towels, hand soap, and covered trash bin.
14	Hand washing sign was posted.
15	
16	LPA checked the PPE supply in the facility.
17	
18	A plan for epidemic outbreak specific to COVID-19 mitigation plan report (LIC 808) was in file. LPA
19	reviewed the current mitigation plan with Licensee. No deficiency cited during visit. However, an
20	advisory note was issued. See LIC 9102.
21	
22	
23	This report was reviewed with Licensee. A copy of this report was provided.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Sarah Yip
NAME OF LICENSING PROGRAM ANALYST: Yatfai Ng

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/22/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/22/2021

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