

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 435202806  
**Report Date:** 08/20/2021  
**Date Signed:** 08/20/2021 05:03:25 PM

**Document Has Been Signed on 08/20/2021 05:03 PM - 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: MERRILL GARDENS AT GILROY	FACILITY NUMBER: 435202806
ADMINISTRATOR: ATKINSON, DIANE	FACILITY TYPE: 740
ADDRESS: 7610 ISABELLA WAY	TELEPHONE: (206) 676-5300
CITY: GILROY	STATE: CA ZIP CODE: 95020
CAPACITY: 214	CENSUS: 139 DATE: 08/20/2021
TYPE OF VISIT: Prelicensing	UNANNOUNCED TIME BEGAN: 11:00 AM
MET WITH: Diane Atkinson	TIME COMPLETED: 05:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Christine Dolores and Licensing Program Manager (LPM) Jackie Jin
2	arrived unannounced to conduct a pre-licensing visit. LPA and LPM met with Diane Atkinson,
3	Administrator.
4	
5	There is currently residents living at the facility. The facility has three floors in assisted living, one floor
6	memory care, and one transition memory care unit. The facility has an approved fire clearance for 199
7	non ambulatory and 15 bedridden residents.
8	
9	LPA toured the facility inside and outside including the apartments, bathrooms, kitchen, and common
10	areas. Resident apartments were equipped with proper furniture and lighting. Resident apartment
11	temperature was maintained between 75 to 77 degrees Fahrenheit. Bedding and linens are available to
12	the residents and observed clean. Bathrooms are equipped with grab bars, nonskid floors, hygiene
13	supplies, and toiletry. Facility is equipped with cups, plates, utensils, and cooking supplies. Hot water
14	temperature was measured between 105.4 to 114.2 degrees Fahrenheit in resident apartment
15	bathrooms.
16	
17	The facility has designated medication rooms with locked medication cabinets. LPA and LPM reviewed
18	centrally stored medication records with residents medications. LPA observed first aid kit with the
19	following supplies: bandages, scissors, tweezers, and thermometer.
20	
21	LPA and LPM observed locked medications, sharp objects, and cleaning supplies.
22	
23	
24	Continue on LIC-809C
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Jackie Jin
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Christine Dolores

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/20/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/20/2021

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

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 (Cont)**

**FACILITY NAME:** MERRILL GARDENS AT GILROY

**FACILITY NUMBER:** 435202806

**VISIT DATE:** 08/20/2021

**NARRATIVE**

- 1 LPA observed 2 days worth of perishables and 7 days worth of nonperishable. Refrigerator temperature
- 2 was maintained at 37 degrees Fahrenheit. Freezer temperature was maintained at 0 degrees
- 3 Fahrenheit.
- 4
- 5 Facility is equipped with smoke detectors, carbon monoxide detector, and fire extinguisher. Hallway and
- 6 passageways were observed free of obstruction.
- 7
- 8 LPA and LPM will return another day to complete pre-licensing visit.
- 9
- 10 This report was reviewed with Diane Atkinson, Administrator, and a copy of this report is provided.
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**NAME OF LICENSING PROGRAM MANAGER:** Jackie Jin

**NAME OF LICENSING PROGRAM ANALYST:** Christine Dolores

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/20/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/20/2021