

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 445202401
Report Date: 08/31/2021
Date Signed: 08/31/2021 06:52:05 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 | |

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|----------------------------------|----------------------------------|
| FACILITY NAME: VALLEY HAVEN III | FACILITY NUMBER: 445202401 |
| ADMINISTRATOR: JOSEPHINE ARCILLA | FACILITY TYPE: 740 |
| ADDRESS: 2266 CHANTICLEER AVE. | TELEPHONE: (831) 818-8372 |
| CITY: SANTA CRUZ | STATE: CA |
| CAPACITY: 48 | ZIP CODE: 95062 |
| TYPE OF VISIT: Required - 1 Year | CENSUS: 24 |
| MET WITH: Josephine Arcilla | DATE: 08/31/2021 |
| | UNANNOUNCED TIME BEGAN: 12:58 PM |
| | TIME COMPLETED: 02:30 PM |

| NARRATIVE | |
|-----------|---|
| 1 | Licensing Program Analyst Ryker Heberle (LPA) conducted an unannounced annual inspection on |
| 2 | 08/31/2021 at 12:58pm. LPA met with facility Administrator Josephine Arcilla (Admin). |
| 3 | |
| 4 | At 1:09pm, LPA began touring the facility inside and out including 2 living rooms, 2 kitchens, 2 dining |
| 5 | rooms, 2 offices, 14 bathrooms, 25 bedrooms, 2 storage rooms, and 2 med rooms. All staff members |
| 6 | observed to be wearing masks. Admin confirmed that all staff and residents have been vaccinated. |
| 7 | |
| 8 | Facility Mitigation plan has already been submitted. No prohibited items noted in resident rooms. All |
| 9 | emergency exits noted to be clear of obstruction. All rooms in facility noted to be clean and well |
| 10 | maintained. Hand sanitizers, soap, and paper supplies were observed to be available. All restrooms |
| 11 | stocked with paper towels. Hand washing signs observed in all bathrooms. Social distancing signs |
| 12 | observed to be posted in all public areas. LPA observed that no bathrooms had lidded trash cans. LPA |
| 13 | told Administrator to replace trash cans in public areas with lidded, non-touch operable trash cans. |
| 14 | |
| 15 | Facility observed to have designated entry point. Staff took LPA's temperature, screened for symptoms, |
| 16 | and recorded information in visitor log. At least 2 days' supply of perishable food and at least 1 week's |
| 17 | supply of non-perishable food was observed on the premises. 30 day supply of PPE observed. Fire |
| 18 | Extinguishers observed to have been serviced in August 2021. Carbon monoxide/smoke detectors were |
| 19 | observed throughout the facility. |
| 20 | |
| 21 | |
| 22 | No deficiencies cited during today's visit. This report was reviewed with Administrator Josephine Arcilla |
| 23 | and a copy of the signed report was provided. |
| 24 | |
| 25 | |

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

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/31/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/31/2021

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