

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 445202625

Report Date: 02/08/2023

Date Signed: 02/09/2023 04:58:06 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
FACILITY EVALUATION REPORT	

FACILITY NAME:	ALEXANDRIA VICTORIA 2	FACILITY NUMBER:	445202625
ADMINISTRATOR:	GRYSPOS JR, JOHN	FACILITY TYPE:	740
ADDRESS:	228 MORRISSEY BLVD	TELEPHONE:	(831) 429-9137
CITY:	SANTA CRUZ	STATE: CA	ZIP CODE: 95062
CAPACITY:	8	CENSUS: 6	DATE: 02/08/2023
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME BEGAN:	01:04 PM
MET WITH:	John Grypos Jr.	TIME COMPLETED:	03:47 PM

NARRATIVE	
1	Licensing Program Analyst Ryker Heberle (LPA) conducted an unannounced annual inspection of the facility. LPA met with facility Administrator John Grypos Jr (Admin).
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4	LPA began touring the facility inside and out including living room, kitchen, dining room, all bathrooms and bedrooms, storage rooms, med room. All staff members observed to be wearing masks. Admin confirmed that all staff and residents have been vaccinated.
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8	Facility Infectious Control plan has already been submitted. No prohibited items noted in resident rooms. All emergency exits noted to be clear of obstruction. All rooms in facility noted to be clean and well maintained. Hand sanitizers, soap, and paper supplies were observed to be available. All restrooms were stocked with paper towels. Hand washing signs observed in all bathrooms. Social distancing signs observed to be posted in all public areas.
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15	Facility observed to have designated entry point via Alexandria Victoria 1, which is on the same property as Alexandria Victoria 2. Admin indicated that all visitors enter AV2 through AV1. Staff took LPA's temperature, screened for symptoms, and recorded information in visitor log. At least 2 days' supply of perishable food and at least 1 week's supply of non-perishable food was observed on the premises. 30 day supply of PPE observed. Fire Extinguishers observed to have been purchased in February 2023. Carbon monoxide/smoke detectors were observed throughout the facility. Facility water temperature observed to be 114.6°F.
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23	No deficiencies cited during today's visit. This report was reviewed with Administrator John Grypos Jr. and a copy of the signed report was provided.
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NAME OF LICENSING PROGRAM MANAGER: Sarah Yip

NAME OF LICENSING PROGRAM ANALYST: Ryker Heberle

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 02/08/2023

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 02/08/2023

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