

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 445202756

Report Date: 07/22/2021

Date Signed: 07/23/2021 02:23:56 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 | | | |
| FACILITY NAME: SUNSHINE VILLA ASSISTED LIVING AND MEMORY CARE | | FACILITY NUMBER: | 445202756 |
| ADMINISTRATOR: MCKIE, JAMES | | FACILITY TYPE: | 740 |
| ADDRESS: 80 FRONT STREET | | TELEPHONE: | (831) 459-8400 |
| CITY: SANTA CRUZ | | ZIP CODE: | 95060 |
| CAPACITY: 132; | | CENSUS: | |
| 132; 132 | | DATE: | 07/22/2021 |
| TYPE OF VISIT: Required - 1 Year | | UNANNOUNCED TIME BEGAN: | 12:11 PM |
| MET WITH: Tami Ojwang | | TIME COMPLETED: | 03:18 PM |
| NARRATIVE | | | |
| 1 | Licensing Program Analyst Ryker Heberle (LPA) conducted an unannounced annual inspection on | | |
| 2 | 07/22/2021 at 12:11pm. LPA met with facility Administrator Tami Ojwang (Admin). LPA toured the facility, | | |
| 3 | including front office, medicine room, dining room, garden room, mansion, activities room, laundry room, | | |
| 4 | salon, 2 bathrooms, courtyard, 3 resident rooms, and 3 resident bathrooms. | | |
| 5 | | | |
| 6 | All staff members observed to be wearing masks. Admin confirmed that all but 2 residents and 5 staff | | |
| 7 | members have been vaccinated. Facility policy has been updated to only employ vaccinated staff by | | |
| 8 | August 1st. Facility Mitigation plan has already been submitted and approved. No prohibited items noted | | |
| 9 | in resident rooms. All emergency exits noted to be clear of obstruction. All rooms in facility noted to be | | |
| 10 | clean and well maintained. Facility noted to possess a 30-day supply of PPE. | | |
| 11 | | | |
| 12 | Facility observed to have designated entry point. Staff took LPA's temperature, and screened for | | |
| 13 | symptoms. All restrooms stocked with paper towels. Hand washing signs observed in all bathrooms. | | |
| 14 | Social distancing signs not observed to be posted throughout facility in all public areas. All bathrooms | | |
| 15 | observed to have lidded trash cans. | | |
| 16 | | | |
| 17 | LPA observed water temperature in 3 resident bathrooms. After approximately 2 minutes of heating up, | | |
| 18 | 1 resident room observed to have hot water temperature of 136.4°F, while 1 additional resident restroom | | |
| 19 | noted to have hot water temperature of 140.3°F. | | |
| 20 | | | |
| 21 | | | |
| 22 | Advisory notes issued and deficiency cited. See 809-D. This report reviewed with Administrator Tami | | |
| 23 | Ojwang and a copy of the signed report was provided. | | |
| 24 | | | |
| 25 | | | |
| NAME OF LICENSING PROGRAM MANAGER: Sarah Yip | | | |
| NAME OF LICENSING PROGRAM ANALYST: Ryker Heberle | | | |

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/22/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/22/2021

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

LIC809 (FAS) - (06/04)

Page: 1 of 3

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Created By: Ryker Heberle On 07/22/2021 at 01:53 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
2580 N. FIRST STREET, STE. 350
SAN JOSE, CA 95131

FACILITY NAME: SUNSHINE VILLA ASSISTED LIVING AND MEMORY CARE

FACILITY NUMBER: 445202756

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/22/2021

| Deficiency Type POC Due Date / Section Number | DEFICIENCIES | PLAN OF CORRECTIONS(POCs) | |
|---|---|--------------------------------------|--|
| Type B 07/30/2021 Section Cited | 1 87303 (2) - Maintenance and 2 Operation - Faucets used by 3 residents for personal care shall 4 deliver hot water... hot water used by 5 residents to attain a temperature of... 6 not more than 120 degree F. This 7 requirement was not met as evidenced by: | | |
| | 8 Based on observation, hot water 9 temperature from sinks in resident 10 restrooms exceeded 120 degrees F. 11 This posed a potential risk to the 12 personal rights and safety of 13 residents in care. 14 | 8 9 10 11 12 13 14 | |
| | 1 2 3 4 5 6 7 | | |
| | 1 2 3 4 5 6 7 | | |

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME:

Sarah Yip

LICENSING EVALUATOR NAME:

Ryker Heberle

LICENSING EVALUATOR SIGNATURE:



DATE: 07/22/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/22/2021