

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	STATE: CA	ZIP CODE: 95060
CAPACITY:	132; 132; 132	CENSUS:	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	Advisory notes issued and deficiency cited. See 809-D. This report reviewed with Administrator Tami
22	Ojwang and a copy of the signed report was provided.
23	
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)

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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	<p>1 87303 (2) - Maintenance and Operation - Faucets used by residents for personal care shall deliver hot water... hot water used by residents to attain a temperature of... not more than 120 degree F. This requirement was not met as evidenced by:</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>		
	<p>8 Based on observation, hot water temperature from sinks in resident restrooms exceeded 120 degrees F.</p> <p>9</p> <p>10</p> <p>11 This posed a potential risk to the personal rights and safety of residents in care.</p> <p>12</p> <p>13</p> <p>14</p>	<p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p>	
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>		
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>		

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