

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486801831
Report Date: 08/03/2021
Date Signed: 08/03/2021 02:40:17 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, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
FACILITY EVALUATION REPORT	

FACILITY NAME: BENICIA ANGEL'S HOME 1, INC.	FACILITY NUMBER: 486801831
ADMINISTRATOR: BAYON, EVELYN	FACILITY TYPE: 740
ADDRESS: 458 MILLS DRIVE	TELEPHONE: (707) 748-0482
CITY: BENICIA	STATE: CA
CAPACITY: 6	ZIP CODE: 94510
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
MET WITH: Caregiver, Zaneida Alve	DATE: 08/03/2021
	UNANNOUNCED TIME BEGAN: 01:30 PM
	TIME COMPLETED: 02:55 PM

NARRATIVE	
1	Licensing Program Analyst (LPA), Farhaan Sarangi arrived at Benicia Angel's Home 1, Inc. for the
2	purpose of conducting a Required-1 year inspection. LPA was greeted at the door by Caregiver, Zaneida
3	Alve. Administrator, Evelyn Bayon arrived at 01:58 PM.
4	
5	LPA toured the facility with Caregiver, Zaneida Alve. The facility was a comfortable temperature of 75
6	degrees, free from obstructions, and was well lit. Extra hygiene products and linens were available and
7	required bath mats and grab bars were observed. Water temperature in resident's bathrooms measured
8	at 128.3 degrees F which is not an acceptable range of 105 to 120 degrees F (See LIC 9102-Technical
9	Violation). Water temperature was corrected on site by Administrator. Water temperature is now at 110
10	degrees. Cleaning products and other toxins are located in the locked garage and locked under sink
11	cabinet. Knives are located in a locked drawer in the kitchen. Perishable and non-perishable foods were
12	sufficient, with a 2 day supply of perishable foods, and a 7 day supply of non-perishable foods, as
13	required. Medications were centrally stored and locked. Residents handle their own cash resources. Fire
14	extinguisher located in the kitchen was last inspected July 2021. Smoke detectors located throughout
15	the facility and carbon monoxide detectors were tested and functional. Exit doors have auditory alert
16	system.
17	
18	LPA advised facility to contact County Public Health and Community Care Licensing immediately if
19	symptoms or COVID-19 + in the facility. Facility has PPE supply stored in the storage room. Staff have
20	had all PPE training required and will be in the process of obtaining N95 Fit testing for employees.
21	
22	No deficiencies were observed or cited during today's Required 1- Year inspection. Exit interview was
23	conducted and a copy of this report was emailed to the facility Administrator, Evelyn Bayon.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Hope DeBenedetti
NAME OF LICENSING PROGRAM ANALYST: Farhaan Sarangi

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/03/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/03/2021

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