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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486803484
Report Date: 12/21/2021
Date Signed: 12/21/2021 05:06:05 PM

Document Has Been Signed on 12/21/2021 05:06 PM **- It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928

FACILITY NAME:	CORNERSTONE ASSISTED LIVING		FACILITY NUMBER:	486803484
ADMINISTRATOR:	SHELLEY REYES		FACILITY TYPE:	740
ADDRESS:	40 ORANGE TREE CIRCLE		TELEPHONE:	(707) 592-1157
CITY:	VACAVILLE	STATE: CA	ZIP CODE:	95687
CAPACITY: 130		CENSUS: 84	DATE:	12/21/2021
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME BEGAN:	02:25 PM
MET WITH:	Adminsitrator, Shelley Reyes		TIME COMPLETED:	05:20 PM

NARRATIVE

Licensing Program Analyst (LPA), Katrina Walters arrived unannounced to conduct an Annual inspection and was greeted by Marketing Director, Aida Reye Santos (ARS) and Administrator **Shelley R Reyes (SR) (6012578740 exp. 1/31/2022)** arrived later. LPA conducted a risk assessment prior to entering the facility. The inspection is focused on the Infection Control procedures and practices of this facility. This facilities COVID-19 mitigation plan has been submitted and approved by Community Care Licensing (CCL) 06/24/21.

Prior to entering, LPA observed that COVID-19 signs and the visitors policy were posted on the front door. Upon entry, LPA was screened for COVID-19 symptoms and had temperature checked via sign in application on an I PAD, which then prints a badge out for visitors.

LPA toured the facility with ARS. SR joined the tour later. Signs were posted through out the facility to promote social distancing and hand washing. The facility was clean and a comfortable temperature. In the event of an outbreak, both residents have their own room and will be isolate symptomatic residents. Emergency contacts have been updated. Facility has procedures for testing and isolating all individuals who are showing symptoms. Facility keeps track of all resident, staff and visitors vaccination records in their appropriate binders. Facility has a 30 day supply of Personal Protective Equipment (PPE) and incontinence product supply. All staff have been fit tested for N95 mask, and have received training on COVID-19 exposure through Local Public Health and Kaiser Permanante. Common Areas are disinfected after usage, using disinfectant sprayers.

Continued on 809 C

NAME OF LICENSING PROGRAM MANAGER: Hope DeBenedetti
NAME OF LICENSING PROGRAM ANALYST: Katrina Walters

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/21/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/21/2021

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

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 (Cont)	

FACILITY NAME: CORNERSTONE ASSISTED LIVING **FACILITY NUMBER:** 486803484

VISIT DATE: 12/21/2021

NARRATIVE

LPA observed a visitor walking in common area without a mask. In addition, LPA disclosed to Administrator that facility staff failed to wear face covering while providing care and supervision to residents in this facility. S1 was observed transporting resident in common areas, and then observed not wearing a mask while providing care in residents bedroom. Facility failed to ensure staff followed COVID-19 precautions, CCL and CDC recommendations.

In addition, LPA observed that the two studio resident bedrooms were conjoined in order to make one resident suite. In doing so, one of the studio doors were blocked. LPA requested that Administrator have the bedrooms cleared by the fire department. Administrator agreed to submit an updated facility sketch to the Vacaville fire department by 1/3/2022.

The following deficiencies were observed (see LIC 809-D) and cited from the California Code of Regulations, Title 22, Division 6 of California Regulation. Failure to correct the deficiency and/or repeat deficiencies within a 12-month period may result in civil penalties. Exit interview conducted, copy of this report and appeal of rights provided,

NAME OF LICENSING PROGRAM MANAGER: Hope DeBenedetti
NAME OF LICENSING PROGRAM ANALYST: Katrina Walters
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/21/2021

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/21/2021

Created By: Katrina Walters On 12/21/2021 at 04:35 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 , 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928

FACILITY NAME: CORNERSTONE ASSISTED LIVING **FACILITY NUMBER:** 486803484
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 12/21/2021

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87405(d)(1)	

87405(d)(1) Administrator - Qualifications and Duties (d) The administrator shall have the qualifications specified in Sections 87405(d)(1) through (7). If the licensee is also the administrator, all requirements for an administrator shall apply.(1)Knowledge of the requirements for providing care and supervision appropriate to the residents. This requirement was not met. This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above, facility staff failed to ensure staff S1 wears face mask coverings, while providing care to residents which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 01/03/2022
	Plan of Correction
1 2 3 4	Facility to send in written plan, that all staff have knowledge of the requirements of Covid-19 precautions, CCL and CDC.

		Section Cited			

	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

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: Hope DeBenedetti
LICENSING EVALUATOR NAME: Katrina Walters
LICENSING EVALUATOR SIGNATURE:

DATE: 12/21/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/21/2021