

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486803912

Report Date: 06/10/2021

Date Signed: 06/10/2021 11:06:30 AM

Document Has Been Signed on 06/10/2021 11:06 AM - **It Cannot Be Edited**

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:	A LOVING LIVING HOME CARE	FACILITY NUMBER:	486803912
ADMINISTRATOR:	LOVELYN HOJILLA	FACILITY TYPE:	740
ADDRESS:	224 LOCH LOMOND DRIVE	TELEPHONE:	(707) 469-9029
CITY:	VACAVILLE	STATE: CA	ZIP CODE: 95687
CAPACITY:	6	CENSUS: 6	DATE: 06/10/2021
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME BEGAN:	09:15 AM
MET WITH:	Lovelyn Hojilla	TIME COMPLETED:	11:15 AM

NARRATIVE	
1	Licensing Program Analysts (LPAs) K. Walters and J. Nakagawa conducted an unannounced Annual
2	Required – 1 yr. Infection Control inspection to this facility and was greeted by Licensee. Lovelyn Hojilla
3	(6055000740 exp 1/5/2022). LPAs conducted a Risk Assessment with Administrator. There were 4 staff
4	providing care and supervision for 6 residents. LPAs observed that all staff were wearing face mask and
5	disposable gloves.
6	
7	LPAs temperatures were checked upon entry and logged into a binder. Hand sanitizer and disposable
8	mask were available. LPAs/Licensee conducted a tour through the facility and observed that the facility
9	was a comfortable temperature of 72 and passageways were free from obstructions. Resident rooms
10	were furnished per regulation. Extra hygiene products and linens were available.
11	
12	Signs were posted throughout the facility to promote hand washing and social distancing. Residents
13	temperatures are being monitored daily and results are documented in residents binders. Facility has a
14	60 day supply of PPE stored in the garage. Facility has a 30-day supply of medication for residents.
15	Facility has conducted staff training on infection control. Administrator will have all staff fit tested for N95
16	mask. LPAs provided Administrator with a copy of PIN 21-10. LPAs is requesting that the Administrator
17	make changes to their mitigation plan and send a copy to Community Care Licensing CCL attention LPA
18	Walters by 6/15/2021.
19	
20	No deficiencies were cited during today's inspection.
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NAME OF LICENSING PROGRAM MANAGER: Hope DeBenedetti

NAME OF LICENSING PROGRAM ANALYST: Katrina Walters

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 06/10/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 06/10/2021

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