

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 490106870  
Report Date: 08/05/2021  
Date Signed: 08/05/2021 02:34:13 PM

Document Has Been Signed on 08/05/2021 02:34 PM - 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: ALL SEASONS RESIDENTIAL CARE HOME	FACILITY NUMBER: 490106870
ADMINISTRATOR: GEORGE AND LISA MELO	FACILITY TYPE: 740
ADDRESS: 5509 VOLKERTS ROAD	TELEPHONE: (707) 829-8109
CITY: SEBASTOPOL STATE: CA	ZIP CODE: 95472
CAPACITY: 6 CENSUS: 6	DATE: 08/05/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 01:02 PM
MET WITH: Lisa Melo (Licensee)	TIME COMPLETED: 02:55 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Cuadra arrived unannounced to conduct an Annual Required
2	inspection and met with staff, Tammi Marshall. Licensee, Lisa Melo was unavailable during inspection,
3	but she was available by phone and gave authorization for staff to sign the report. The inspection is
4	focused on the Infection Control procedures and practices of this facility.
5	
6	Upon arrival, LPA observed that facility has a binder inside the entrance to the facility with hand
7	sanitizer, a thermometer, disinfectant wipes and a sign in sheet. LPA/staff observed a binder located in
8	the entrance of the facility documenting staff, residents and visitors temperature readings. However, staff
9	did not ask many screening questions to LPA when they arrived. During walk-through of the facility,
10	LPA/staff observed a few Covid19 related posters provided by Kaiser encouraging staff and residents to
11	take precautions related to Covid19 including physical social distancing. LPA provided via email Covid19
12	related posters including hand-washing, cough/sneeze etiquette, and physical distancing. LPA asked if
13	25% of staff are surveillance testing weekly and she stated they were conducting surveillance testing.
14	Facility staff have completed PPE training but not all of staff have been N-95 Fit tested. LPA observed
15	three residents in care watching television in the living room. Staff had masks on during this visit. Facility
16	maintains a 30 day supply of medication. Facility has submitted and received approval for a Covid
17	Mitigation Plan on 3/16/21. Facility has more than a 30 day supply of Personal Protective Equipment
18	(PPE) including but not limited to masks, face shields, gowns and hand sanitizer. PPE was observed in
19	a location that is accessible to staff. Facility has a 100% vaccination rate of staff and residents are
20	vaccinated.
21	LPA provided the following guidance to staff:
22	• Place Covid19 related posters through the facility including restrooms.
23	• Screening all visitors for symptoms regardless of vaccination status and document results.
24	• Complete N-95 Fit Testing for all staff.
25	• Review PINs 21-28-ASC and 21-32-ASC for new guidance regarding visitation, communal dining, etc.
	No deficiencies cited during this inspection.

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Bethany Moellers
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Marisol Cuadra

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/05/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/05/2021

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