

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 075600353  
Report Date: 06/28/2021  
Date Signed: 06/28/2021 11:18:53 AM

Document Has Been Signed on 06/28/2021 11:18 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, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: ATRIA VALLEY VIEW	FACILITY NUMBER: 075600353
ADMINISTRATOR: KELLI L GREENE	FACILITY TYPE: 740
ADDRESS: 1228 ROSSMOOR PKWY	TELEPHONE: (925) 937-7300
CITY: WALNUT CREEK	STATE: CA
CAPACITY: 153	ZIP CODE: 94595
TYPE OF VISIT: Required - 1 Year	CENSUS: 100
MET WITH: Kelli Greene, Executive Director and Jennifer Coons, Senior Executive Director	DATE: 06/28/2021
	UNANNOUNCED TIME BEGAN: 09:45 AM
	COMPLETED: 11:30 AM

NARRATIVE	
1	On 6/28/2021 at 9:45AM, Licensing Program Analysts (LPAs) L. Hall and C. Fowler arrived
2	unannounced to conduct an Infection Control Inspection. LPAs met with Executive Director, Kelli Greene
3	and explained the purpose of the visit.
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5	Upon entry, LPAs temperatures were checked, LPAs observed hand sanitizer, and COVID-19 signage at
6	screening station. LPAs toured facility including but not limited to common areas, bathrooms, and
7	kitchen. All sinks were equipped with soap and paper towel.
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9	During record review, LPAs observed visitors log and temperature log for both residents and staff. LPAs
10	observed facility has a copy of Mitigation Plan on file. LPA observed PPE is sufficient.
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12	No deficiencies were cited during this inspection.
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14	Exit interview conducted. A copy of this report provided.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Harpreet Humpal <b>NAME OF LICENSING PROGRAM ANALYST:</b> Laura Hall
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**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 06/28/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 06/28/2021

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