

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 075601154
Report Date: 09/28/2021
Date Signed: 09/28/2021 02:04:12 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, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: A AND D RESIDENTIAL CARE	FACILITY NUMBER: 075601154
ADMINISTRATOR: ABIGAIL M CUENCO	FACILITY TYPE: 740
ADDRESS: 5108 DEERSPRINGS WAY	TELEPHONE: (925) 757-1538
CITY: ANTIOCH	STATE: CA
CAPACITY: 6	ZIP CODE: 94531
TYPE OF VISIT: Required - 1 Year	CENSUS: 2
MET WITH: Abigail Cuenco, Administrator	DATE: 09/28/2021
	UNANNOUNCED TIME BEGAN: 01:00 PM
	TIME COMPLETED: 02:14 PM

NARRATIVE	
1	On 09/28/21 at 1PM, Licensing Program Analyst (LPA) Daisy Panlilio conducted an
2	infection control annual inspection and explained the purpose of the visit with
3	administrator. LPA observed 3 staff wearing face masks during visit with 2 residents
4	resting inside their bedrooms. Facility has a completed mitigation plan in place dated
5	04/22/2021 to mitigate the spread of COVID-19. LPA discussed the completed
6	mitigation plan (LIC 808) with administrator as well as COVID-19 infection control
7	practices. LPA inspected the facility inside and outside. LPA observed screening
8	station located near the front entrance with visitor's log, hand sanitizer, gloves, face
9	masks and no touch temperature probe.
10	
11	
12	
13	Routine symptom screening (+/-) temperature and symptom check) is done at entry
14	for all staff, residents and visitors. LPA observed COVID-19 signages posted in
15	common areas to promote hand washing, cough/sneeze etiquette and physical
16	distancing. Facility documents daily temperatures and COVID-19 symptom checks
17	for staff and residents. Pathways were observed to be free of obstruction and fire
18	hazards.
19	
20	
21	Continued on next page LIC 809-C
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong
NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/28/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/28/2021

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, 1515 CLAY STREET, STE. 310
OAKLAND, CA 94612

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: A AND D RESIDENTIAL CARE

FACILITY NUMBER: 075601154

VISIT DATE: 09/28/2021

NARRATIVE

1 A written Emergency/Disaster plan dated 06/10/2019 was posted in the kitchen near
2 the dining area. Centrally stored medications were locked in kitchen cabinets. Sharp
3 objects were locked in the kitchen drawers. Toxic chemicals were locked in the
4 laundry room. Facility has conducted staff training on infection prevention,
5 symptoms, transmission and proper donning & doffing of PPE. Trash bins with lid
6 operated with foot pedal were located inside bedrooms, bathrooms and kitchen.
7
8
9
10 Infection control designated leader is the administrator. All staff and residents have
11 been fully vaccinated since February 2021. There was at least 7 days of
12 nonperishable and 2 days of perishable foods. Emergency food supplies were
13 observed stored in the kitchen pantry. Facility room temperature was maintained at
14 74 degrees Fahrenheit. A certified administrator is on site a minimum of 20 hours a
15 week to oversee proper business operation and compliance with COVID-19 infection
16 control practices. Fire extinguisher was observed fully charged. Smoke and Carbon
17 monoxide detectors were operational.
18
19
20 Updated copies of the following documents were requested for facility file and are to
21 be submitted to CCL on or before 09/29/2021:
22
23 • LIC500- Personnel Report
24 • LIC308- Designation of Facility Responsibility
25 • LIC610E- Emergency/Disaster Plan
26 • Evidence of Liability Insurance
27
28
29 No deficiencies cited during this visit. Exit interview conducted and a copy of this
30 report provided to administrator.
31
32

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong

NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/28/2021

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/28/2021