

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

Facility Number: 075601558  
Report Date: 12/09/2024  
Date Signed: 12/09/2024 05:41:05 PM

**Document Has Been Signed on 12/09/2024 05:41 PM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: TIFFANY COURT	FACILITY NUMBER: 075601558
ADMINISTRATOR/BAIRD, PATTI	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 1866 SAN MIGUEL DRIVE	TELEPHONE: (925) 933-5555
CITY: WALNUT CREEK	STATE: CA ZIP CODE: 94596
CAPACITY: 66	CENSUS: 56 DATE: 12/09/2024
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION 12:45 PM
	BEGAN: TIME VISIT/ INSPECTION 06:00 PM
MET WITH: Patti Baird, Executive Director	COMPLETED:

NARRATIVE	
1	On 12/09/2024 at 12:45 PM, Licensing Program Analyst (LPA) L. Alexander arrived
2	unannounced to conduct 1-Year Annual Required inspection. LPA met with
3	Executive Director (ED), Patti Baird and explained the purpose of the visit. The
4	facility's fire clearance was approved for capacity of sixty-six (66) non-ambulatory
5	residents. In which, ten (10) residents may be bedridden. Hospice waiver approved
6	for eight (8). Administrator's Certificate #6007608740 expires 01/13/2025.
7	
8	
9	LPA toured the facility with ED including but not limited to two (2) residents'
10	apartments, bathrooms, multiple activity rooms, kitchen, common area and
11	courtyard. There are no bodies of water observed. LPA observe lighting in all rooms
12	are adequate for the comfort and safety of the residents. Hallway temperature was
13	maintained at 71 (downstairs) and 73 (upstairs) degrees F. LPA observed lighting in
14	all rooms are adequate for the comfort and safety of the residents. The hot water
15	temperature in a sample of residents' shared bathroom were measured at 109.5,
16	109.1, 105 degrees Fahrenheit. Residents' bathrooms are equipped with grab bars
17	and non-skid mats. There is a minimum of one week supply of nonperishable and 2-
18	day of perishable foods. Centrally stored medications, sharps and toxic are locked
19	and inaccessible to residents in care.
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24	LIC809-C Continued...
25	

**NAME OF LICENSING PROGRAM MANAGER:** Bennett Fong

**NAME OF LICENSING PROGRAM ANALYST:** Lori Alexander-Washington  
**LICENSING PROGRAM ANALYST SIGNATURE:**  **DATE:** 12/09/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**  **DATE:** 12/09/2024

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

<b>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</b>  <b>FACILITY EVALUATION REPORT (Cont)</b>	<b>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b> <b>COMMUNITY CARE LICENSING DIVISION</b> E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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**VISIT DATE:** 12/09/2024

**NARRATIVE**

1 LIC809-C (Page 2)  
2  
3 LPA reviewed six (6) residents records. LPA reviewed six (6) staff records and six (6)  
4 of six (6) have current first aid training and associated to the facility.  
5  
6  
7 **Updated copies of the following documents were requested for facility file and**  
8 **are to be submitted to CCL by 12/16/2024:**  
9  
10 LIC 308 Designation of Administrative Responsibility  
11 LIC 309 Administrative Organization  
12 Updated LIC 500 Personnel Report  
13 LIC 610E Emergency Disaster Plan (Page 9)  
14 Copy Certificate of Liability Insurance  
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17  
18 No deficiencies cited during visit. Exit interview conducted and a copy of this report  
19 provided.  
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