

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 075601577

Report Date: 10/11/2022

Date Signed: 10/11/2022 01:50:23 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: RN3 LOVING CARE HOME IV		FACILITY NUMBER:	075601577
ADMINISTRATOR: WU, MEINA		FACILITY TYPE:	740
ADDRESS: 8320 BUCKINGHAM DRIVE		TELEPHONE:	(510) 439-7063
CITY: EL CERRITO	STATE: CA	ZIP CODE:	94530
CAPACITY: 6	CENSUS:	DATE:	10/11/2022
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	12:50 PM
MET WITH: Care Staff, Miesha Copper		TIME COMPLETED:	02:05 PM
NARRATIVE			
1	On 10/11/2022 at 12:50 PM, Licensing Program Analyst (LPA) L. Holmes arrived unannounced to		
2	conduct an annual Infection Control Inspection. LPA was greeted by one Care Staff upon entry and		
3	explained the purpose for the visit. LPA telephoned Administrator Meina Wu, she's not available to be		
4	present, and Care Staff Miesha Cooper is available to assist.		
5			
6	Facility has a COVID-19 mitigation plan on file. LPA requested a staff and resident roster. LPA was		
7	screened at the entry with a thermometer and hand sanitizer. Masks, face shields, gowns, gloves,		
8	additional sanitizer COVID-19 signage, and a visitor sign-in log is centrally stored inside the facility that		
9	is accessible to all care staff. LPA toured the facility including, but not limited to common areas,		
10	bathrooms, bedrooms, kitchen, storage and backyard. LPA observed mask, cough etiquette, social		
11	distancing and hand washing signs are posted throughout. All shared areas to have covered garbage		
12	cans and staff to wear mask while in the presence of others. There was a sufficient supply of 2-day		
13	perishables and 7-day supply of non-perishable foods. All hand washing stations were equipped with		
14	soap. Hot water temperature was measured at 106.3 degree Fahrenheit (F) and the facility's		
15	temperature was 71 degree (F). Fire extinguisher was observed full and last inspected on 03/28/2022.		
16	Smoke/Carbon Monoxide detectors were observed operational and first aid kit complete.		
17			
18	The following forms are to be updated and submitted to CCLD by 10/25/2022:		
19	-LIC500 Personnel Report		
20	-LIC308 Designation of Administrative Responsibility		
21	-LIC610 Emergency Disaster Plan (Reviewed)		
22	-An updated copy of Administrator Certificate(s)		
23	-Infection Control Plan		
24	Exit interview conducted and a copy of this report provided to Care Staff, Alis Luna.		
25			
NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios			
NAME OF LICENSING PROGRAM ANALYST: Lisha Holmes			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/11/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/11/2022

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