

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 075601577

Report Date: 10/28/2024

Date Signed: 10/28/2024 05:47:55 PM

Document Has Been Signed on 10/28/2024 05:47 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, 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
DIRECTOR:	
ADDRESS: 8320 BUCKINGHAM DRIVE	TELEPHONE: (510) 439-7063
CITY: EL CERRITO	STATE: CA
CAPACITY: 8	ZIP CODE: 94530
TYPE OF VISIT: Required - 1 Year	CENSUS: 7
	DATE: 10/28/2024
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 12:00 PM
MET WITH: Meina Wu, Administrator	TIME VISIT/INSPECTION
	COMPLETED: 06:15 PM

NARRATIVE	
1	On 10/28/2024 at 12:00 PM, Licensing Program Analyst (LPA) L. Holmes arrived unannounced to
2	conduct a 1-year Annual Inspection. LPA was greeted by one Care Staff upon entry and explained the
3	purpose for the visit. LPA was greeted shortly after by Meina Wu, Administrator (ADM)
4	
5	LPA requested a staff and resident roster. LPA was screened at the entry. Masks, gowns, gloves,
6	additional sanitizer, and a visitor sign-in log is centrally stored inside the facility that is accessible to all
7	care staff. LPA toured the facility including, but not limited to common areas, bathrooms, bedrooms,
8	kitchen, storage and backyard. LPA observed adequate lighting and good repair of all rooms. All shared
9	areas had covered garbage cans. There was a sufficient supply of 2-day perishables and 7-day supply
10	of non-perishable foods. All hand washing stations were equipped with soap and paper towels. Hot
11	water temperature was measured at 110.1 degree Fahrenheit (F) and the facility's temperature was 69
12	degree (F). Fire extinguisher was observed full and last inspected on 04/22/2024. Smoke/Carbon
13	Monoxide detectors were observed operational and first aid kit complete. Emergency disaster drill last
14	conducted 07/2024.
15	
16	The following forms are to be updated and submitted to CCLD by 11/04/2024:
17	-LIC500 Personnel Report & Resident Roster
18	-LIC308 Designation of Administrative Responsibility
19	-LIC610 Emergency Disaster Plan (Reviewed)
20	-An updated copy of Co-Administrator Certificate
21	
22	Continued on LIC809C...
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Lisha Holmes
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 10/28/2024

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 10/28/2024

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

Created By: Lisha Holmes On 10/28/2024 at 05:12 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612

FACILITY NAME: RN3 LOVING CARE HOME IV **FACILITY NUMBER:** 075601577
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 10/28/2024

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87307(6)	
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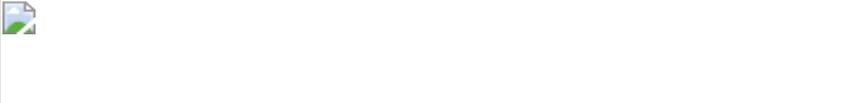
87307 Personal Accommodations and Services (d) The following space and safety provisions shall apply to all facilities:
(6) All outdoor and indoor passageways and stairways shall be kept free of obstruction.
-This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation and record review the licensee did not comply with the section cited above by having mattresses in the hallway, wooden boards in the backyard, black metal fencing, paint and debris from construction on the side of the house in the backyard which poses an immediate health, safety or personal rights risk to persons in care.
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4	
	POC Due Date: 11/04/2024
	Plan of Correction
1	Licensee to provide photos to CCLD that the items have been removed by POC date.
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		Section Cited			
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	Deficient Practice Statement
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	POC Due Date:
	Plan of Correction
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Yvonne Flores-Larios LICENSING EVALUATOR NAME: Lisha Holmes LICENSING EVALUATOR SIGNATURE: 	DATE: 10/28/2024
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE: 	DATE: 10/28/2024

LIC809 (FAS) - (06/04)

Page: 2 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: RN3 LOVING CARE HOME IV

FACILITY NUMBER: 075601577

VISIT DATE: 10/28/2024

NARRATIVE	
1	...continued from LIC809C.
2	
3	-At around 03:45 PM Mattresses in the hallway, wooden boards, black metal fencing, paint, and debris
4	from construction on the side of the house and in the backyard.
5	
6	Deficiencies observed (see LIC809D) and cited from the California Code of Regulations.
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8	Exit interview conducted and a copy of this report provided to Meina Wu, Administrator
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NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios NAME OF LICENSING PROGRAM ANALYST: Lisha Holmes LICENSING PROGRAM ANALYST SIGNATURE: 	DATE: 10/28/2024
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DATE: 10/28/2024