

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 079200326

Report Date: 04/16/2021

Date Signed: 04/16/2021 01:23:38 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: ATRIA PARK OF LAFAYETTE	FACILITY NUMBER: 079200326
ADMINISTRATOR: EDUARDO RANGEL	FACILITY TYPE: 740
ADDRESS: 1545 PLEASANT HILL RD	TELEPHONE: (925) 932-9910
CITY: LAFAYETTE	STATE: CA ZIP CODE: 94549
CAPACITY: 130	CENSUS: DATE: 04/16/2021
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME BEGAN: 12:00 PM
MET WITH: Kaitlyn Clarey and Margaret Hsu	TIME COMPLETED: 01:30 PM

NARRATIVE	
1	On 04/16/2021, Licensing Program Analysts (LPA) Leslie Ibo conducted a Case Management Health with Administrator Kaitlyn Clarey and nurse Margaret Hsu, in relation to the incident report submitted on 4/1/2021, R1 was diagnosed with C-Diff, per facility policy they can't provide care for resident with c-diff, another incident report R2 was sent to Emergency room for un-stageable wound. LPA explained that due to Shelter in Place Order and directive from management to telework, inspection will be done via phone call.
2	During the interview with Administrator and Nurse, R1 was sent to skilled nursing for c-diff treatment and back to the facility on 4/4/2021.
3	R2 has a regular home health nurse visit and wound nurse that is routinely check resident's both legs, 02/20/2021 wound nurse examined R2's legs and saw redness on right feet, per facility nurse (Margaret Hsu) it wasn't reported to her, R2 has a wrapped around on both legs and wound care nurse is the one checking on any signs of wounds , on 03/26/2021 wound care nurse HH1 determined that wound is unstageable. Facility nurse then send out resident to ER for further evaluation. On 04/15/2021 a surgical debridement was done for R2 will be transferred to skilled nursing.
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5	LPA will need to conduct follow up visit, LPA requested for documents such as home health nurse notes for R2. Margaret Hsu agreed to send the requested document via email.
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7	Exit interview conducted. Appeal Rights and a copy of this report emailed.
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NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal

NAME OF LICENSING PROGRAM ANALYST: Leslie Ibo

**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 04/16/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 04/16/2021

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