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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200390
Report Date: 09/24/2021
Date Signed: 09/24/2021 03:24:39 PM

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

FACILITY NAME:	ANGEL'S CREST HOME II		FACILITY NUMBER:	079200390
ADMINISTRATOR:	MARIVIE FABIE		FACILITY TYPE:	740
ADDRESS:	1864 CAMINO RAMON		TELEPHONE:	(707) 315-9664
CITY:	DANVILLE	STATE: CA	ZIP CODE:	94526
CAPACITY: 6		CENSUS: 3	DATE:	09/24/2021
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME BEGAN:	02:38 PM
MET WITH:	Mary Urbano, Care Staff		TIME COMPLETED:	03:33 PM

NARRATIVE

On 9/24/2021 starting at 2:38pm, Licensing Program Analyst (LPA) L. Francisco arrived unannounced to conduct Infection Control Inspection. LPA met with Care Staff, Mary Urbano. Administrator was not available during visit.

During the Infection Control Inspection, LPA toured facility including but not limited to front entrance, screening station, hand washing stations, bedrooms, common areas, kitchen and backyard. Facility has a sufficient 2-day perishable and one week non-perishable food supply. There is one central entry point for universal screening for staff, residents and visitors. A sign-in policy, thermometer and hand sanitizer were observed at screening station. Cough/sneeze etiquette, social distancing and hand washing posters were observed. Facility staff were observed to be wearing proper PPE. Facility has a 30-day supply of PPEs maintained at central location and easily accessible for staff. Facility has a mitigation plan and maintains record of routine screening for residents and staff.

No deficiencies cited during visit. Exit interview conducted with Administrator, Marivie Fabie over the phone. Administrator authorized Care Staff to sign report. A copy of this report provided with Care Staff.

NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal
NAME OF LICENSING PROGRAM ANALYST: Lizette Francisco

LICENSING PROGRAM ANALYST SIGNATURE:	
	**DATE:** 09/24/2021
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	**DATE:** 09/24/2021

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