

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200569
Report Date: 09/17/2021
Date Signed: 09/17/2021 11:57:30 AM

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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: PLEASANT HILL VILLA HOME CARE	FACILITY NUMBER: 079200569
ADMINISTRATOR: MAGAT, GLICERIA M	FACILITY TYPE: 740
ADDRESS: 3021 PUTNAM BLVD	TELEPHONE: (408) 933-8663
CITY: PLEASANT HILL	STATE: CA
CAPACITY: 6	ZIP CODE: 94523
TYPE OF VISIT: Case Management - Other	CENSUS: 5
MET WITH: Gliceria Magat, Administrator	DATE: 09/17/2021
	UNANNOUNCED TIME BEGAN: 11:15 AM
	TIME COMPLETED: 12:00 PM

NARRATIVE	
1	On 09/17/2021 at 11:15AM Licensing Program Analyst (LPA) L. Hall conducted an unannounced Case
2	Management visit. LPA met with Gliceria Magat, Administrator and explained the purpose of the visit
3	
4	When LPA L. Hall arrived to deliver complaint findings (15-AS-20201028095918) on 09/17/2021, LPA
5	observed four (4) monitors on dining room table monitoring residents in their bedrooms. LPA inquired
6	with staff about monitors and was advised used for fall risk residents. Record review indicated one (1) of
7	five (5) residents as fall risk.
8	
9	The deficiencies was observed (see LIC809D) and cited from the California Code of Regulation, Title 22.
10	Failure to correct the deficiencies may result in civil penalties.
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12	Exit interview conducted. A copy of this report and appeal rights provided.
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NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal NAME OF LICENSING PROGRAM ANALYST: Laura Hall

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/17/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/17/2021

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

LIC809 (FAS) - (06/04)

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Created By: Laura Hall On 09/17/2021 at 11:21 AM

Link to Parent Document Below:

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

FACILITY NUMBER: 079200569

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/17/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 09/24/2021 Section Cited	1 87468.1 Personal Rights of 2 Residents in All Facilities (a) 3 Residents... shall have all of the 4 following personal rights:(3)To be 5 free from... ..other actions..., such 6 as... or interfering with daily living 7 functions... This requirement was not met as evidence by:		
	8 Based on LPA's observation 9 Licensee did not comply with the 10 section cited above, which poses a 11 potential health and safety risk for 12 persons in care. 13 14	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

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:	Harpreet Humpal
LICENSING EVALUATOR NAME:	Laura Hall

LICENSING EVALUATOR SIGNATURE:



DATE: 09/17/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/17/2021