

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200569

Report Date: 10/23/2024

Date Signed: 10/23/2024 05:03:16 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: PLEASANT HILL VILLA HOME CARE	FACILITY NUMBER: 079200569
ADMINISTRATOR/J. DELA CUEVA & G. MAGAT	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 3021 PUTNAM BLVD	TELEPHONE: (408) 933-8663
CITY: PLEASANT HILL	STATE: CA
CAPACITY: 6	ZIP CODE: 94523
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
	DATE: 10/23/2024
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 02:00 PM
MET WITH: Gliceria Magat, Licensee/Administrator	TIME VISIT/INSPECTION
	COMPLETED: 05:15 PM

NARRATIVE	
1	On 10/23/2024 at 2:00 PM, Licensing Program Analyst (LPA) L. Alexander arrived unannounced to
2	conduct 1-Year Annual Required inspection. LPA met with Caregiver , Myra Ecaruan and explained the
3	purpose of the visit. Myra phoned the Licensee/Administrator, Gliceria "Glecy" Magat to inform. The
4	facility's fire clearance was approved for capacity six (6) non-ambulatory. Hospice waiver for three (3)
5	residents. Administrator Certificate #7010849740 expires 12/10/2025. Glecy arrived to the facility shortly.
6	
7	LPA toured facility with Glecy including but not limited to bedrooms, bathrooms, kitchen, common area
8	and backyard. The facility consists of six (6) total bedrooms which six (6) bedrooms are occupied by the
9	residents. All outdoor and indoor passageways are kept free of obstruction. There are no bodies of
10	water observed. A comfortable temperature is maintained at 72 degrees Fahrenheit. LPA observed
11	lighting in all rooms are adequate for the comfort and safety of the residents. The hot water temperature
12	in the residents' shared bathroom was measured at 105 degrees Fahrenheit. Residents' bathrooms are
13	equipped with grab bars and non-skid mats. There is a minimum of one-week supply of nonperishable
14	and 2-day of perishable foods. Centrally stored medication and sharps were locked and inaccessible to
15	residents.
16	
17	Smoke detectors and carbon monoxide detector were in operating condition during visit. Fire
18	extinguisher was last serviced on 06/04/2024.
19	
20	LPA reviewed five (5) residents records. LPA reviewed six (6) staff records and 6 of 6 have current first
21	aid training and associated to the facility.
22	
23	LIC809-C Continued...
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong

NAME OF LICENSING PROGRAM ANALYST: Lori Alexander-Washington
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 10/23/2024

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 10/23/2024

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: PLEASANT HILL VILLA HOME CARE **FACILITY NUMBER:** 079200569
VISIT DATE: 10/23/2024

NARRATIVE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>LIC809-C Continued...</p> <p>Updated copies of the following documents were requested for facility file and are to be submitted to CCL by 10/30/2024:</p> <ul style="list-style-type: none">LIC 308 Designation of Administrative ResponsibilityLIC 309 Administrative OrganizationLIC 500 Personnel ReportLIC 610E Emergency Disaster Plan (Page 9)Copy of Liability InsuranceCurrent Administrator's Certificate - Reviewed <p>No deficiencies cited during visit. Exit interview conducted and a copy of this report provided.</p>
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LICENSING PROGRAM ANALYST SIGNATURE:
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