

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 079200582

Report Date: 11/04/2022

Date Signed: 11/04/2022 01:33:19 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: AMBASSADOR CARE HOME	FACILITY NUMBER: 079200582
ADMINISTRATOR: IKHARO-UMARU, RAUFAT	FACILITY TYPE: 740
ADDRESS: 145 BEEDE WAY	TELEPHONE: (510) 812-2188
CITY: ANTIOCH STATE: CA	ZIP CODE: 94509
CAPACITY: 6 CENSUS: 3	DATE: 11/04/2022
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 01:30 PM
MET WITH: Raufat Ikharo-Umaru, Administrator	TIME COMPLETED: 02:45 PM
Gloria Okonkwo. Staff (S1)	

NARRATIVE	
1	On 11/04/22 at 1:30PM, Licensing Program Analyst (LPA) D Panlilio arrived unannounced to conduct
2	infection control inspection. LPA met with staff (S1) and spoke to administrator on the phone who
3	authorized S1 to act on his behalf and sign the reports. LPA explained the purpose of the visit with S1
4	and administrator. LPA observed one staff wearing face mask and 3 residents relaxing in their
5	bedrooms.
6	
7	LPA toured the facility including but not limited to common areas, kitchen, bedroom, and shared
8	bathrooms. to front entrance, screening station, hand washing stations, common areas. There is one
9	central entry point for universal screening for staff, clients and visitors. A sign-in policy, visitor's logs, no
10	touch thermometer, additional face masks and hand sanitizer were observed at the screening station.
11	Cough/sneeze etiquette, social distancing signs were posted in common areas. Facility has a sufficient
12	2-day perishable and 7-day non-perishable food supply. Facility has a 30-day supply of PPEs
13	maintained at a central location and easily accessible for staff. Comfortable temperature is maintained at
14	75 deg F. Facility has a mitigation plan in place and maintains records of routine screening for residents
15	and staff. The infection control leader is the administrator.
16	
17	Updated copies of the following documents were requested for facility file and are to be submitted to
18	CCL on or before 11/07/22:
19	• LIC500- Personnel Report
20	• LIC308- Designation of Facility Responsibility
21	• LIC610E- Emergency/Disaster Plan including infection control plans
22	• Evidence of Liability Insurance
23	
24	
25	No deficiencies cited during visit. Exit interview conducted and a copy of this report provided.

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Bennett Fong
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Daisy Panlilio

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/04/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/04/2022

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