

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200597
Report Date: 05/17/2022
Date Signed: 05/17/2022 04:24:28 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 |
| FACILITY EVALUATION REPORT | |

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|---|----------------------------------|
| FACILITY NAME: MERRILL GARDENS AT LAFAYETTE | FACILITY NUMBER: 079200597 |
| ADMINISTRATOR: GOO, AUBREY | FACILITY TYPE: 740 |
| ADDRESS: 1010 2ND ST | TELEPHONE: (925) 299-6912 |
| CITY: LAFAYETTE | STATE: CA |
| CAPACITY: 100 | ZIP CODE: 94549 |
| TYPE OF VISIT: Required - 1 Year | CENSUS: 95 |
| MET WITH: Aubrey Goo, Administrator | DATE: 05/17/2022 |
| | UNANNOUNCED TIME BEGAN: 03:10 PM |
| | TIME COMPLETED: 04:35 PM |

| NARRATIVE | |
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| 1 | On 5/17/2022 starting at 3:10 p.m., Licensing Program Analyst (LPA) Catherine Lin arrived |
| 2 | unannounced to conduct Infection Control Inspection. LPA met with Administrator Aubrey Goo and |
| 3 | disclosed the purpose of the visit. |
| 4 | |
| 5 | Upon entry, LPA's temperature was checked and asked to fill out Covid-19 questionnaire by the staff . |
| 6 | LPA toured facility including but not limited to front entrance, screening station, hand washing stations, |
| 7 | bedrooms, bathrooms, kitchen, common areas, and outdoor areas. There is one central entry point for |
| 8 | universal screening for staff, residents, and visitors. A sign-in policy, thermometer and hand sanitizer |
| 9 | were observed at screening station. Cough/sneeze etiquette and hand washing posters were observed. |
| 10 | Facility staff were observed to be wearing proper PPE. |
| 11 | |
| 12 | Facility has a sufficient 2-day perishable and one-week non-perishable food supply. Facility has a 30- |
| 13 | day supply of PPEs maintained at central location and easily accessible for staff. Facility has Mitigation |
| 14 | Plan, Emergency Disaster Plan, and maintains record of routine screening for residents, staff, and |
| 15 | visitors. |
| 16 | |
| 17 | No deficiency cited during visit. Exit interview conducted with Administrator, and a copy of this report |
| 18 | provided. |
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| NAME OF LICENSING PROGRAM MANAGER: Bennett Fong |
| NAME OF LICENSING PROGRAM ANALYST: Catherine Lin |

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/17/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/17/2022

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