

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200748
Report Date: 01/05/2022
Date Signed: 01/05/2022 02:39:17 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	

FACILITY NAME: TREVISTA ANTIOCH	FACILITY NUMBER: 079200748
ADMINISTRATOR: ALBERTO MALDONADO	FACILITY TYPE: 740
ADDRESS: 3950 LONE TREE WAY	TELEPHONE: (925) 470-3395
CITY: ANTIOCH	STATE: CA
CAPACITY: 131	ZIP CODE: 94509
TYPE OF VISIT: Required - 1 Year	CENSUS: 109
MET WITH: Alberto Maldonado, Administrator/Executive Director	DATE: 01/05/2022
	UNANNOUNCED TIME BEGAN: 01:55 PM
	TIME COMPLETED: 03:00 PM

NARRATIVE	
1	On 01/05/22 at 1:55PM, Licensing Program Analyst (LPA) Daisy Panlilio conducted
2	an infection control annual inspection and explained the purpose of the visit with
3	administrator. Facility has a completed mitigation plan in place dated 01/23/2021 to
4	mitigate the spread of COVID-19.
5	
6	
7	LPA discussed the completed mitigation plan (LIC 808) with administrator as well as
8	COVID-19 infection control practices. LPA observed screening station located near
9	the front entrance with visitor's log, hand sanitizer, gloves, face masks and no touch
10	temperature probe. Routine symptom screening (+/-) temperature and symptom
11	check) is done at entry for all staff, residents and visitors.
12	
13	
14	LPA observed COVID-19 signages posted in common areas to promote hand
15	washing, cough/sneeze etiquette and physical distancing. Facility documents daily
16	temperatures and COVID-19 symptom checks for staff and residents. Pathways
17	were observed to be free of obstruction and fire hazards. Facility has 3 spacious
18	living/visitation areas inside for social distancing among residents.
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21	Continued on next page LIC 809-C
22	
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NAME OF LICENSING PROGRAM MANAGER: Bennett Fong
NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/05/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/05/2022

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

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, STE. 310
OAKLAND, CA 94612

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: TREVISTA ANTIOCH

FACILITY NUMBER: 079200748

VISIT DATE: 01/05/2022

NARRATIVE

1 LPA observed PPE cart located outside of 1st floor isolation wing. Facility has
 2 conducted staff training on infection prevention, symptoms, transmission and proper
 3 donning & doffing of PPE. Trash bins with lid operated with foot pedal were located
 4 inside bedrooms, bathrooms and kitchen.
 5
 6
 7 Infection control designated leader is the administrator. All staff and residents have
 8 been fully vaccinated since January 2021. There was at least 7 days of
 9 nonperishable and 2 days of perishable foods. PPE supplies were observed stored
 10 in the 3rd floor storage room.
 11
 12
 13 Facility room temperature was maintained at 72 degrees Fahrenheit. Administrator is
 14 on site a minimum of 20 hours a week to oversee proper business operation and
 15 compliance with COVID-19 infection control practices. Fire extinguisher was
 16 observed fully charged. Smoke and Carbon monoxide detectors were operational.
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 19 No deficiencies observed during visit. Exit interview conducted and a copy of this
 20 report provided via email.
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NAME OF LICENSING PROGRAM MANAGER: Bennett Fong

NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/05/2022

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/05/2022