

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200801

Report Date: 05/20/2021

Date Signed: 05/20/2021 11:34:20 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:	WESTMONT OF PINOLE	FACILITY NUMBER:	079200801
ADMINISTRATOR:	JOSEPHINE DAVIS	FACILITY TYPE:	740
ADDRESS:	2850 ESTATES AVE	TELEPHONE:	(510) 758-1122
CITY:	PINOLE	STATE: ZIP CODE:	CA 94564
CAPACITY:	100	CENSUS:	55
TYPE OF VISIT:	Case Management - Health Checks	DATE:	05/20/2021
MET WITH:	Josephine Davis, Administrator	UNANNOUNCED	TIME BEGAN:
			11:04 AM
			TIME COMPLETED:
			11:55 AM

NARRATIVE	
1	On 05/20/21 at 11AM, Licensing Program Analyst (LPA) Daisy Panlilio conducted an
2	unannounced Health and Safety check as a result of the department receiving a
3	priority 2 complaint. LPA explained the reason for the visit with administrator. LPA
4	observed all staff wearing face masks at the facility. LPA observed COVID-19 signs
5	posted throughout the facility. The front entrance had a screening station for all staff,
6	residents, visitors to be checked for COVID-19 symptoms upon entry with a plexi-
7	plastic divider at the front desk for added safety.
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10	During the health and safety check, LPA toured facility with administrator, including
11	but not limited to bedrooms, kitchen, bathroom, and common areas. LPA observed
12	12 memory care residents watching TV and doing stretching exercises in the
13	activities room with 4 staff wearing masks. LPA observed 3 assisted living residents
14	wearing masks walking around the common areas with their pet dogs on leashes.
15	Residents in care appear to be safe and there are no imminent health/safety
16	concerns on today's date.
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20	No deficiencies cited during the health and safety check. Exit interview conducted
21	and a copy of this report provided.
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NAME OF LICENSING PROGRAM MANAGER: Bennett Fong

NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 05/20/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 05/20/2021

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