

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 079200834  
Report Date: 08/23/2021  
Date Signed: 09/08/2021 06:06:01 PM

Document Has Been Signed on 09/08/2021 06:06 PM - It Cannot Be Edited

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: TERRACE VIEW ASSISTED LIVING	FACILITY NUMBER: 079200834
ADMINISTRATOR: MICHAELSON, MANJULA	FACILITY TYPE: 740
ADDRESS: 2828 TERRACE VIEW AVE	TELEPHONE: (925) 354-0403
CITY: ANTIOCH STATE: CA	ZIP CODE: 94531
CAPACITY: 3	CENSUS: 1 DATE: 08/23/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 11:00 AM
MET WITH: Manjula Michaelson, Administrator	TIME COMPLETED: 12:00 PM

NARRATIVE	
1	On 08/23/21 at 11AM, Licensing Program Analyst (LPA) Daisy Panlilio conducted an
2	infection control annual inspection and explained the purpose of the visit with
3	administrator. LPA observed one staff wearing face mask during visit with one
4	resident relaxing in living room with a face mask on. Facility has a completed
5	mitigation plan in place dated 02/26/2021 to mitigate the spread of COVID-19. LPA
6	discussed the completed mitigation plan (LIC 808) with administrator as well as
7	COVID-19 infection control practices. LPA inspected the facility inside and outside.
8	LPA observed screening station located near the front entrance with visitor's log,
9	hand sanitizer, gloves, face masks and no touch temperature probe.
10	
11	
12	
13	Routine symptom screening (+/-) temperature and symptom check) is done at entry
14	for all staff, residents and visitors. LPA observed COVID-19 signages posted in
15	common areas to promote hand washing, cough/sneeze etiquette and physical
16	distancing. Facility documents daily temperatures and COVID-19 symptom checks
17	for staff and residents. Pathways were observed to be free of obstruction and fire
18	hazards.
19	
20	
21	Continued on next page LIC 809-C
22	
23	
24	
25	

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

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/23/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/23/2021

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:** TERRACE VIEW ASSISTED LIVING

**FACILITY NUMBER:** 079200834

**VISIT DATE:** 08/23/2021

**NARRATIVE**

1 A written Emergency/Disaster plan dated 11/20/2020 was posted in a common  
2 hallway leading to the living room. Centrally stored medications were locked in  
3 kitchen cabinets. Sharp objects were locked in the kitchen drawers. Toxic chemicals  
4 were locked in the laundry room. Facility has conducted staff training on infection  
5 prevention, symptoms, transmission and proper donning & doffing of PPE. Trash  
6 bins with lid operated with foot pedal were located inside bedrooms, bathrooms and  
7 kitchen.  
8  
9

10 Infection control designated leader is the administrator. All staff and residents have  
11 been fully vaccinated since February 2021. There was at least 7 days of  
12 nonperishable and 2 days of perishable foods. Emergency food supplies were  
13 observed stored in the garage. Facility room temperature was maintained at 73  
14 degrees Fahrenheit. A certified administrator is on site a minimum of 20 hours a  
15 week to oversee proper business operation and compliance with COVID-19 infection  
16 control practices. Fire extinguisher was observed fully charged. Smoke and Carbon  
17 monoxide detectors were operational.  
18  
19

20 Updated copies of the following documents were requested for facility file and are to  
21 be submitted to CCL on or before 08/31/2021:  
22  
23

- 24 • LIC500- Personnel Report
- 25 • LIC308- Designation of Facility Responsibility
- 26 • LIC610E- Emergency/Disaster Plan
- 27 • Evidence of Liability Insurance
- 28
- 29

30 No deficiencies cited during this visit. Exit interview conducted and a copy of this  
31 report provided to administrator.  
32

**NAME OF LICENSING PROGRAM MANAGER:** Bennett Fong

**NAME OF LICENSING PROGRAM ANALYST:** Daisy Panlilio

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 08/23/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/23/2021