

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200843

Report Date: 10/05/2021

Date Signed: 10/05/2021 12:03:22 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: TUSCAN BLUE II	FACILITY NUMBER: 079200843
ADMINISTRATOR: PRAMOD, KAVITHA	FACILITY TYPE: 740
ADDRESS: 5405 MOJAVE WAY	TELEPHONE: (510) 331-5774
CITY: ANTIOCH	STATE: CA
CAPACITY: 6	ZIP CODE: 94531
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Rony Apostol, House Manager	DATE: 10/05/2021
	UNANNOUNCED TIME BEGAN: 11:00 AM
	TIME COMPLETED: 12:10 PM

NARRATIVE	
1	On 10/05/21 at 11AM, Licensing Program Analyst (LPA) Daisy Panlilio conducted an
2	infection control annual inspection and explained the purpose of the visit with house
3	manager (HM). LPA spoke to administrator (ADM) on the phone who authorized HM
4	to act on her behalf and sign the reports.
5	LPA observed 2 staff wearing face masks during visit. LPA observed 5 residents
6	watching TV in the living room while the other resident was observed relaxing in her
7	bedroom. Facility has a mitigation plan in place dated 04/21/21 to mitigate the
8	spread of COVID-19. LPA discussed the completed mitigation plan (LIC 808) with
9	HM as well as COVID-19 infection control practices. LPA inspected the facility inside
10	and outside.
11	
12	
13	
14	One central entry point has been designated for universal entry screening with the
15	station located near the front entrance with visitor's log, hand sanitizer, face masks
16	and no touch temperature probe. COVID-19 signs are posted throughout the facility
17	to promote handwashing, cough/sneeze etiquette and physical distancing. Facility
18	documents daily temperatures and COVID-19 symptom checks for staff and
19	residents. Pathways were observed to be free of obstruction and fire hazards.
20	
21	
22	
23	A written Emergency/Disaster plan dated 01/01/2019 was posted near a Lan line
24	phone in the kitchen. Centrally stored medications were locked in cabinets near the
25	kitchen area. Sharp objects were locked underneath the kitchen sink. Toxic
	chemicals were locked in the laundry room and garage.
	Continued on next page LIC 809-C

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong

NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/05/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/05/2021

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: TUSCAN BLUE II

FACILITY NUMBER: 079200843

VISIT DATE: 10/05/2021

NARRATIVE

1 Infection control designated leader is the administrator. All staff and residents have
2 been fully vaccinated since February 2021. There was at least 7 days of
3 nonperishable and 2 days of perishable foods. Emergency food supplies were
4 observed stored in the garage. Facility room temperature was maintained at 74
5 degrees Fahrenheit. Resident's bedrooms and bathrooms have COVID-19 signages.
6 Fire extinguisher was observed fully charged. Smoke and Carbon monoxide
7 detectors were operational.

10 Adequate supplies of PPE were also observed stored in the garage. Facility follows
11 daily cleaning, sanitation of frequently touched common surfaces using Clorox and
12 Lysol disinfectants. The facility has auditory signals on each exit door.

15 Updated copies of the following documents were requested for facility file and are to
16 be submitted to CCL on or before 10/06/2021:

- 18 • LIC500- Personnel Report
- 19 • LIC308- Designation of Facility Responsibility
- 20 • LIC610E- Emergency/Disaster Plan
- 21 • Evidence of Liability Insurance

24 No deficiencies cited during this visit. Exit interview conducted and a copy of this
25 report provided to HM.

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong

NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 10/05/2021

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/05/2021