

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 079200913  
Report Date: 10/05/2021  
Date Signed: 10/05/2021 02:18:30 PM

**Document Has Been Signed on 10/05/2021 02:18 PM - It Cannot Be Edited**

|  |  |
|--|--|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 1515 CLAY STREET, STE. 310<br>OAKLAND, CA 94612 |
| <b>FACILITY EVALUATION REPORT</b>                      |  |

|                                     |                                  |
|-------------------------------------|----------------------------------|
| FACILITY NAME: KALYNNA HOME         | FACILITY NUMBER: 079200913       |
| ADMINISTRATOR: IKHARO, RAUFAT       | FACILITY TYPE: 740               |
| ADDRESS: 5366 THUNDERBIRD COURT     | TELEPHONE: (925) 303-3853        |
| CITY: ANTIOCH                       | STATE: CA                        |
| CAPACITY: 6                         | ZIP CODE: 94531                  |
| TYPE OF VISIT: Required - 1 Year    | CENSUS: 3                        |
| MET WITH: Moore Okeh, House Manager | DATE: 10/05/2021                 |
|                                     | UNANNOUNCED TIME BEGAN: 12:30 PM |
|                                     | TIME COMPLETED: 02:30 PM         |

| NARRATIVE |  |
|-----------|--|
| 1         | On 10/05/21 at 12:30PM, Licensing Program Analyst (LPA) Daisy Panlilio conducted       |
| 2         | an infection control annual inspection and explained the purpose of the visit with     |
| 3         | house manager (HM). LPA spoke to administrator (ADM) on the phone who                  |
| 4         | authorized HM to act on her behalf and sign the reports.                               |
| 5         | LPA observed 2 staff wearing face masks during visit. LPA observed 3 residents         |
| 6         | relaxing inside their bedrooms.  |
| 7         |  |
| 8         |  |
| 9         | Facility has a mitigation plan in place dated 12/27/20 to mitigate the spread of       |
| 10        | COVID-19. LPA discussed the completed mitigation plan (LIC 808) with HM as well        |
| 11        | as COVID-19 infection control practices. LPA inspected the facility inside and         |
| 12        | outside.   |
| 13        |  |
| 14        |  |
| 15        | One central entry point has been designated for universal entry screening with the     |
| 16        | station located near the front entrance with visitor's log, hand sanitizer, face masks |
| 17        | and no touch temperature probe. COVID-19 signs were observed posted in the             |
| 18        | common hallway to promote handwashing, cough/sneeze etiquette and physical             |
| 19        | distancing. Facility documents daily temperatures and COVID-19 symptom checks          |
| 20        | for staff and residents. Pathways were observed to be free of obstruction and fire     |
| 21        | hazards.   |
| 22        |  |
| 23        |  |
| 24        |  |
| 25        | Continued on next page LIC 809-C   |

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| <b>NAME OF LICENSING PROGRAM MANAGER:</b> Bennett Fong<br><b>NAME OF LICENSING PROGRAM ANALYST:</b> 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:** KALYNNA HOME

**FACILITY NUMBER:** 079200913

**VISIT DATE:** 10/05/2021

**NARRATIVE**

1 A written Emergency/Disaster plan dated 09/12/2019 was posted near a Lan line  
 2 phone in the kitchen. Centrally stored medications were locked in the kitchen  
 3 cabinets. Sharp objects were locked underneath the kitchen sink. Toxic chemicals  
 4 were locked in the laundry room and garage. underneath the kitchen sink. Infection  
 5 control designated leader is the administrator. All staff and residents have been fully  
 6 vaccinated since February 2021. There was at least 7 days of nonperishable and 2  
 7 days of perishable foods. Emergency food supplies were observed stored in the  
 8 garage. Facility room temperature was maintained at 74 degrees Fahrenheit.  
 9 Resident's bedrooms and bathrooms have COVID-19 signages. Fire extinguisher  
 10 was observed fully charged. Smoke and Carbon monoxide detectors were  
 11 operational.  
 12  
 13 Adequate supplies of PPE were also observed stored in the garage. Facility follows  
 14 daily cleaning, sanitation of frequently touched common surfaces using Clorox and  
 15 Lysol disinfectants. The facility has auditory signals on each exit door.  
 16  
 17 Updated copies of the following documents were requested for facility file and are to  
 18 be submitted to CCL on or before 10/06/2021:  
 19  
 20 • LIC500- Personnel Report  
 21 • LIC308- Designation of Facility Responsibility  
 22 • LIC610E- Emergency/Disaster Plan  
 23 • Evidence of Liability Insurance  
 24  
 25 No deficiencies cited during this visit. Exit interview conducted and a copy of this  
 26 report provided to HM.  
 27  
 28  
 29  
 30  
 31  
 32

**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