

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079201172
Report Date: 06/16/2022
Date Signed: 06/16/2022 03:43:34 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: FRIENDSHIP CARE HOME	FACILITY NUMBER: 079201172
ADMINISTRATOR: SANDHU, SEEMA	FACILITY TYPE: 740
ADDRESS: 1907 CAVALLO ROAD	TELEPHONE: (925) 732-7364
CITY: ANTIOCH	STATE: CA
CAPACITY: 35	ZIP CODE: 94509
TYPE OF VISIT: Prelicensing	CENSUS: 30
MET WITH: Cynthia Murphy, Administrator	DATE: 06/16/2022
Esmeralda Vega, Med Tech	UNANNOUNCED TIME BEGAN: 01:40 PM
	TIME COMPLETED: 03:45 PM

NARRATIVE	
1	On 06/16/22 at 1:40PM, Licensing Program Analyst (LPA) D Panlilio conducted an unannounced pre-
2	licensing visit and met with administrator (ADM). LPA explained the purpose of the visit with ADM.
3	
4	LPA observed 3 staff wearing face masks during visit. COVID-19 screening station is at the front desk
5	where no touch temperature probe, visitors logs, additional face masks, hand sanitizers and gloves are
6	available for visitors, residents and staff. LPA observed 7 residents not wearing face masks in the
7	visitation areas. ADM stated that they encourage them to wear face masks but they refuse while inside
8	the facility. Antigen mass testing were completed on 06/06 & 06/10 by ADM & floor supervisor to all
9	residents and staff. Test results were all negative. ADM stated CC Public Health cleared facility
10	yesterday, 6/15/22 of COVID infection. LPA requested ADM to email a copy of CC Public Health
11	clearance from ADM during visit.
12	
13	LPA toured the facility with ADM and observed the following deficiencies:
14	
15	• Insufficient food (2 day perishables and 1 week non-perishables) in the kitchen pantry,
16	refrigerators and freezers
17	• Insufficient staff - Current staffing (AM shift 3 caregivers, floor supervisor & administrator M- F;
18	PM shift is 2 caregivers, one Med Tech, one activity & cook staff: NOC shift 1 caregiver & 1 Med
19	Tech). One resident (R1) requires one on one care.
20	• Common hallway in the east wing has laminated flooring that is peeling
21	• Common bathroom flooring in the east wing is deteriorating
22	• Broken blinds inside residents' bedrooms and common hallway doors
23	• Warm temperature inside facility - thermostat reading at 82 deg F
24	
25	

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: 06/16/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/16/2022

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

LIC809 (FAS) - (06/04)

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Created By: Daisy Panlilio On 06/16/2022 at 03:08 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: FRIENDSHIP CARE HOME

FACILITY NUMBER: 079201172

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/16/2022

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 06/17/2022 Section Cited	1 General food service requirements 2 The total daily diet shall be of the 3 quality and in the quantity necessary 4 to meet the needs of the residents 5 and shall meet the Recommended 6 Dietary Allowances of the Food and 7 Nutrition Board of the National 8 Research Council. All food shall be 9 selected, stored, prepared and 10 served in a safe and healthful 11 manner.		
	8 This requirement was not met as 9 evidenced by insufficient perishable 10 and non perishable food in the 11 kitchen pantry which posed an 12 immediate health & safety risk to 13 residents in care	8 9 10 11 12 13 14	
Type A 06/17/2022 Section Cited	1 Personnel Requirements 2 Facility personnel shall at all times be 3 sufficient in numbers, and competent 4 to provide the services necessary to 5 meet resident needs		
	8 This requirement was not met as 9 evidenced by insufficient staff to meet 10 residents' needs which posed an 11 immediate health & safety risk to 12 residents in care	8 9 10 11 12 13 14	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME:

Bennett Fong

LICENSING EVALUATOR NAME: Daisy Panlilio
 LICENSING EVALUATOR SIGNATURE:  DATE: 06/16/2022

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

FACILITY REPRESENTATIVE SIGNATURE:  DATE: 06/16/2022

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Created By: Daisy Panlilio On 06/16/2022 at 03:18 PM
 Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: FRIENDSHIP CARE HOME FACILITY NUMBER: 079201172
 DEFICIENCY INFORMATION FOR THIS PAGE: VISIT DATE: 06/16/2022

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 07/15/2022 Section Cited	1 Maintenance & Operation 2 The facility shall be clean, safe, 3 sanitary and in good repair at all 4 times. Maintenance shall include 5 provision of maintenance services 6 and procedures for the safety and 7 well-being of residents, employees and visitors.		
	8 This requirement was not met as 9 evidenced by deteriorating floorings, 10 warm temperature and broken 11 window blinds which posed a 12 potential health & safety risk to 13 residents in care	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Bennett Fong
 LICENSING EVALUATOR NAME: Daisy Panlilio

LICENSING EVALUATOR SIGNATURE:



DATE: 06/16/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/16/2022

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: FRIENDSHIP CARE HOME

FACILITY NUMBER: 079201172

VISIT DATE: 06/16/2022

NARRATIVE

1	Pre-licensing is incomplete with deficiencies to be resolved by 07/16/22.
2	
3	A follow-up Pre-licensure LIC 809 will be generated upon resolution of deficiencies.
4	
5	Deficiency is cited per Title 22 California Code of Regulations and listed on LIC9099D.
6	
7	Failure to submit proof of correction (POC) by plan of correction due date and/or any repeat deficiencies
8	within a 12-month period may result in civil penalties.
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10	Exit interview conducted. Appeal Rights and a copy of this 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: 06/16/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/16/2022