

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 079201218  
Report Date: 12/06/2024  
Date Signed: 12/06/2024 03:20:24 PM

**Document Has Been Signed on 12/06/2024 03:20 PM - It Cannot Be Edited**

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

FACILITY NAME: BYRON PARK	FACILITY NUMBER: 079201218
ADMINISTRATOR/RICARDO ROMERO DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 1700 TICE VALLEY BLVD	TELEPHONE: (925) 937-1700
CITY: WALNUT CREEK	STATE: CA
CAPACITY: 151	ZIP CODE: 94595
TYPE OF VISIT: Required - 1 Year	CENSUS: 76
	ANNOUNCED
MET WITH: Assistant Executive Director Iryn Macamay	DATE: 12/06/2024
	TIME VISIT/INSPECTION BEGAN: 10:00 AM
	TIME VISIT/INSPECTION COMPLETED: 03:45 PM

NARRATIVE	
1	On 12/06/2024 at 10:00 AM, Licensing Program Analysts (LPAs) D. Doidge and J. Sampair arrived
2	unannounced to conduct 1-Year Annual Required inspection. LPAs met with, Iryn Macamay
3	Assistant Executive Director and explained the purpose of the visit.
4	
5	LPAs toured the facility including but not limit to, bedrooms, bathrooms, multiple activity rooms, kitchen,
6	and common area. LPAs observe lighting in all rooms are adequate for the comfort and safety of the
7	residents. Hallway temperature was maintained at 78 degrees Fahrenheit. The hot water temperature in
8	a common bathroom was measured at 118.6 degrees Fahrenheit. There is a minimum of one week
9	supply of nonperishable and 2-day of perishable foods. Centrally stored medications, sharps are locked
10	and inaccessible to residents in care.
11	
12	The pool was appropriately fenced and secured. Fire extinguisher was last serviced on 12/22/2023.
13	Emergency disaster drill are conducted every other monthly, last conducted on 10/11/2024. First aid kit
14	was observed to be complete.
15	
16	LPAs reviewed five (5) resident records and five (5) staff records, all were complete.
17	
18	
19	No deficiencies observed or cited during this visit. .
20	
21	Exit interview conducted and a copy of this report provided
22	
23	
24	
25	

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

**NAME OF LICENSING PROGRAM ANALYST:** David Doidge

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 12/06/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 12/06/2024

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