

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 297001933
Report Date: 06/02/2021
Date Signed: 07/08/2021 04:36:32 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, 520 COHASSET RD., STE. 170 CHICO, CA 95926
FACILITY EVALUATION REPORT	

FACILITY NAME: ESKATON VILLAGE GRASS VALLEY	FACILITY NUMBER: 297001933
ADMINISTRATOR: HILL, ADAM	FACILITY TYPE: 740
ADDRESS: 625 ESKATON CIR	TELEPHONE: (530) 273-1778
CITY: GRASS VALLEY	STATE: CA
CAPACITY: 160	ZIP CODE: 95945
TYPE OF VISIT: Required - 1 Year	CENSUS: 120
MET WITH: Sean Beloud	DATE: 06/02/2021
	UNANNOUNCED TIME BEGAN: 11:45 AM
	TIME COMPLETED: 01:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA)s Williams and Keosavang arrived at the facility unannounced on
2	06/2/2021 to conduct a Required 1- Year Inspection utilizing the infection control domain. LPAs met with
3	Administrator, Sean Beloud, and explained the purpose of the visit. Prior to initiating the annual
4	inspection, LPAs completed required COVID-19 testing protocols, and a daily self-screening
5	questionnaire for symptoms of COVID-19 infection to affirm no COVID-19 related symptoms and
6	contacted licensee and completed a facility risk assessment. LPAs ensured he applied hand sanitizer
7	before entering the facility and the following Personal Protective Equipment (PPE) was worn: surgical
8	mask. Additionally, LPAs was screened by facility staff upon entering the facility.
9	
10	LPAs and staff toured facility together to ensure health and safety of residents in care. Areas toured
11	include but are not limited to: common areas, seven (7) resident bedrooms, numerous restrooms,
12	kitchen, and courtyard. In the areas toured no immediate health, safety, or personal rights violations
13	were observed. LPAs and administrator completed the infection control domain and facility was found to
14	be in substantial compliance at this time.
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16	No deficiencies are being cited as a result of today's inspection.
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18	Exit interview conducted and copy of report left at the facility.
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NAME OF LICENSING PROGRAM MANAGER: Anthony Perez
NAME OF LICENSING PROGRAM ANALYST: Jacob Williams

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/02/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/02/2021

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