

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 312700019
Report Date: 08/23/2021
Date Signed: 08/23/2021 01:02:10 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: TERRACES OF ROSEVILLE, THE	FACILITY NUMBER: 312700019
ADMINISTRATOR: JASMINE RIDENOUR	FACILITY TYPE: 740
ADDRESS: 707 SUNRISE AVE	TELEPHONE: (916) 786-3277
CITY: ROSEVILLE	STATE: CA
CAPACITY: 199	ZIP CODE: 95661
TYPE OF VISIT: Required - 1 Year	CENSUS: 129
MET WITH: Nathan Condie and Ryan Mussata	DATE: 08/23/2021
	UNANNOUNCED TIME BEGAN: 12:20 PM
	TIME COMPLETED: 01:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Sarena Keosavang arrived at the facility unannounced on 08/23/2021
2	to conduct a Required-1 Year Inspection utilizing the infection control domain. LPA met with Executive
3	Directors, Nathan Condie and Ryan Mussata, and explained the purpose of the visit. Prior to initiating
4	the annual inspection, LPA 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. LPA ensured they applied hand sanitizer
7	before entering the facility and the following Personal Protective Equipment (PPE) was worn: Surgical
8	Mask. Additionally, LPA were screened by facility staff upon entering the facility.
9	
10	LPA toured the interior and exterior of the facility together with Executive Directors to ensure health and
11	safety of residents in care. Areas toured include but are not limited to: common areas, four (4) resident
12	bedrooms, four (4) bathrooms, and kitchen. In the areas toured no immediate health, safety, or personal
13	rights violations were observed. LPA, Executive Directors, and Facility Nurse completed the infection
14	control domain and facility was found to 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: Sarena Keosavang

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/23/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/23/2021

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