

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 312700466  
Report Date: 05/26/2021  
Date Signed: 05/26/2021 02:07:29 PM

Document Has Been Signed on 05/26/2021 02:07 PM - It Cannot Be Edited

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	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME:	ELEGANCE MANOR	FACILITY NUMBER:	312700466
ADMINISTRATOR:	WASHINGTON, MELISSA	FACILITY TYPE:	740
ADDRESS:	6448 GARLAND WAY	TELEPHONE:	(916) 899-5163
CITY:	ROSEVILLE	STATE:	CA
CAPACITY:	6	ZIP CODE:	95747
TYPE OF VISIT:	Required - 1 Year	CENSUS:	0
MET WITH:	Melissa Washington (Admin)	DATE:	05/26/2021
		UNANNOUNCED TIME BEGAN:	01:30 PM
		TIME COMPLETED:	02:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Konnor Leitzell arrived at the facility unannounced on 05/26/2021 to
2	conduct a Required-1 Year Inspection utilizing the infection control domain, LPA met with Melissa
3	Washington (Admin) and explained the purpose of the visit. Prior to initiating the annual inspection, LPA
4	completed required COVID-19 testing protocols, and a daily self-screening questionnaire for symptoms
5	of COVID-19 infection to affirm no COVID-19 related symptoms; contacted licensee and completed a
6	facility risk assessment. LPA ensured they applied hand sanitizer before entering the facility.
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8	LPA and admin toured facility together to ensure health and safety of residents in care. Areas toured
9	include but are not limited to: common areas, five (5) out of five (5) bedrooms, three (3) bathrooms,
10	kitchen, garage and backyard. In the areas toured no immediate health, safety, or personal rights
11	violations were observed. LPA and admin completed the infection control domain and facility was found
12	to be in substantial compliance at this time.
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14	No deficiencies are being cited as a result of todays inspection.
15	Exit interview conducted and copy of report left at the facility.
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NAME OF LICENSING PROGRAM MANAGER:	Troy Ordonez
NAME OF LICENSING PROGRAM ANALYST:	Konnor Leitzell

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 05/26/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 05/26/2021

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