

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 312700574

Report Date: 08/16/2021

Date Signed: 08/16/2021 02:05:05 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	ANSEL PARK SENIOR LIVING COMMUNITY	FACILITY NUMBER:	312700574
ADMINISTRATOR:	BERKELEY, LORI	FACILITY TYPE:	740
ADDRESS:	1200 ORCHID DRIVE	TELEPHONE:	(916) 250-0770
CITY:	ROCKLIN	STATE: CA	ZIP CODE: 95765
CAPACITY:	100	CENSUS: 45	DATE: 08/16/2021
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME BEGAN:	11:00 AM
MET WITH:	Lori Berkley, Executive Director	TIME COMPLETED:	02:00 PM

NARRATIVE	
1	On August 16, 2021, at 11am, Licensing Program Analyst (LPA) DeAnna Williams-Lyons arrived unannounced to conduct a required 1 year inspection. LPA met with Lori Berkeley, Executive Director and explained purpose of inspection. Prior to initiating the inspection LPA completed required COVID-19 testing protocols, and a daily self-screening questionnaire for symptoms of COVID-19 infection to affirm no COVID-19 related symptoms; and completed a facility risk assessment. LPA ensured she applied hand sanitizer before entering the facility and the following Personal Protective Equipment (PPE) was worn: mask. Additionally, LPA was screened by the front desk personnel upon arrival.
12	Lori and LPA completed the inspection tool questionnaire with no issues or advisories to report.
15	<b>LPA observed the following:</b>
17	Administrator certificate is valid. First aid kit fully stocked and ready for emergency use. Fire extinguishers fully charged. Hot water temperature measured 105 degrees F.
20	Common areas were clean and in good repair. Bedrooms had required furniture and lighting. Facility has required (2) day perishable supply of food and (7) supply of non-perishable food. Medication was properly stored and locked away.
25	As a result of this visit, no deficiencies were cited, per Title 22 Regulations, Division 6.
Exit interview conducted and a copy of this report given to Lori Berkeley.	

NAME OF LICENSING PROGRAM MANAGER: Laura Munoz

**NAME OF LICENSING PROGRAM ANALYST:** DeAnna Williams-Lyons  
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/16/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/16/2021

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