

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 312700574

Report Date: 08/16/2021

Date Signed: 08/16/2021 02:05:05 PM

Document Has Been Signed on 08/16/2021 02:05 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	
FACILITY EVALUATION REPORT			
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-		
2	Lyons arrived unannounced to conduct a required 1 year inspection. LPA met with		
3	Lori Berkeley, Executive Director and explained purpose of inspection. Prior to		
4	initiating the inspection LPA completed required COVID-19 testing protocols, and a		
5	daily self-screening questionnaire for symptoms of COVID-19 infection to affirm no		
6	COVID-19 related symptoms; and completed a facility risk assessment. LPA ensured		
7	she applied hand sanitizer before entering the facility and the following Personal		
8	Protective Equipment (PPE) was worn: mask. Additionally, LPA was screened by the		
9	front desk personnel upon arrival.		
10	Lori and LPA completed the inspection tool questionnaire with no issues or		
11	advisories to report.		
12			
13			
14			
15	LPA observed the following:		
16	Administrator certificate is valid. First aid kit fully stocked and ready for emergency		
17	use. Fire extinguishers fully charged. Hot water temperature measured 105 degrees		
18	F.		
19	Common areas were clean and in good repair. Bedrooms had required furniture and		
20	lighting. Facility has required (2) day perishable supply of food and (7) supply of non-		
21	perishable food. Medication was properly stored and locked away.		
22			
23			
24			
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.