

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 312700641
Report Date: 06/02/2021
Date Signed: 06/10/2021 04:09:33 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: SOMERFORD PLACE-ROSEVILLE	FACILITY NUMBER: 312700641
ADMINISTRATOR: TAYLOR, DEBORAH	FACILITY TYPE: 740
ADDRESS: 110 STERLING COURT	TELEPHONE: (617) 796-8350
CITY: ROSEVILLE	STATE: CA
CAPACITY: 64	ZIP CODE: 95661
TYPE OF VISIT: Required - 1 Year	CENSUS: 37
MET WITH: Jane Scaparro, Dir of Marketing	DATE: 06/02/2021
	UNANNOUNCED TIME BEGAN: 10:45 AM
	TIME COMPLETED: 12:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Williams arrived at the facility unannounced on 06/3/2021 to conduct a
2	Required 1- Year Inspection utilizing the infection control domain. LPA met with Director of Marketing
3	(Administrator is on vacation), Jane Scaparro, 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 he applied hand sanitizer
7	before entering the facility and the following Personal Protective Equipment (PPE) was worn: surgical
8	mask. Additionally, LPA was screened by facility staff upon entering the facility.
9	
10	LPA 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, Three (3) resident bedrooms, three (3) bathrooms,
12	kitchen, dining area, courtyard, and backyard. In the areas toured no immediate health, safety, or
13	personal rights violations were observed. LPA and administrator completed the infection control domain
14	and facility was found to be in substantial compliance at this time.
15	
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: 06/03/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/03/2021

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