

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 312700739

Report Date: 10/19/2021

Date Signed: 10/19/2021 10:41:15 AM

Document Has Been Signed on 10/19/2021 10:41 AM - 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: PINES, THE	FACILITY NUMBER:	312700739
ADMINISTRATOR:ROBERTSON, JOHN	FACILITY TYPE:	740
ADDRESS: 500 W RANCHVIEW DRIVE	TELEPHONE:	(916) 672-5019
CITY: ROCKLIN	STATE: CA ZIP CODE:	95765
CAPACITY: 142	CENSUS: 116 DATE:	10/19/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN:	09:15 AM
MET WITH: John Robertson, General Manager	TIME COMPLETED:	11:00 AM

NARRATIVE	
1	On, November 19, 2021, at 9am, Licensing Program Analyst (LPA) DeAnna
2	Williams-Lyons arrived unannounced to conduct a required 1 year inspection. LPA
3	met with , General Manager John Robertson and explained purpose of inspection.
4	Prior to initiating the inspection LPA completed 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	
11	
12	
13	John and LPA completed the inspection tool questionnaire with no issues or
14	advisories to report.
15	
16	LPA observed the following:
17	Administrator certificate is valid. First aid kit fully stocked and ready for emergency
18	use.. Common areas were clean and in good repair.LPA reviewed 6 staff files and 8
19	resident files. All Staff files had the required Criminal Records Clearance, Proper
20	First Aid and CPR Certificates and are participating in training as required. All
21	residents files had the required signatures for Consent to receive medical treatment,
22	Emergency contact information, Physician's report and residents rights .
23	
24	
25	
	To continue see 809 -C...

NAME OF LICENSING PROGRAM MANAGER: Laura Munoz

NAME OF LICENSING PROGRAM ANALYST: DeAnna Williams-Lyons

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 10/19/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/19/2021

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

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 (Cont)****FACILITY NAME:** PINES, THE**FACILITY NUMBER:** 312700739**VISIT DATE:** 10/19/2021**NARRATIVE**

1 As a result of this visit, no deficiencies were cited, per Title 22 Regulations, Division
2 6.
3
4 General Manager shall submit updated copies of the LIC 500 Personnel Report, LIC
5 308 Designation of Administrative Responsibility, LIC 610D the Emergency Disaster
6 Plan, and copy of current Liability Insurance to update the facility file in our Regional
7 Office.
8
9

10 **Administrator shall submit the listed documents to Licensing later than**
11 **November 19, 2021.**

12
13 **An exit interview was conducted and a copy of this report was given to John**
14 **Robertson.**

NAME OF LICENSING PROGRAM MANAGER: Laura Munoz**NAME OF LICENSING PROGRAM ANALYST:** DeAnna Williams-Lyons**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 10/19/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/19/2021