

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 312700791  
Report Date: 06/09/2021  
Date Signed: 06/10/2021 08:13:54 AM

Document Has Been Signed on 06/10/2021 08:13 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: Foothills Senior Care	FACILITY NUMBER: 312700791
ADMINISTRATOR: MANGHIUC, MARIA	FACILITY TYPE: 740
ADDRESS: 425 KNOWLTON CT	TELEPHONE: (916) 276-2687
CITY: ROSEVILLE	STATE: CA
CAPACITY: 6	ZIP CODE: 95747
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Reva Radway (Designated Admin)	DATE: 06/09/2021
	UNANNOUNCED TIME BEGAN: 02:30 PM
	TIME COMPLETED: 03:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Konnor Leitzell arrived at the facility unannounced on 6/9/2021 to
2	conduct a Required-1 Year Inspection utilizing the infection control domain, LPA met with Reva Radway
3	(Staff) and explained the purpose of the visit. Prior to initiating the annual inspection, LPA completed
4	required COVID-19 testing protocols, and a daily self-screening questionnaire for symptoms of COVID-
5	19 infection to affirm no COVID-19 related symptoms; and asked facility staff risk assessment questions.
6	LPA ensured they applied hand sanitizer before entering the facility and the following Personal
7	Protective Equipment (PPE) was worn: N-95 Masks. Additionally, LPA was screened by Colletta Salmon
8	(Staff).
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, five (5) of five (5) resident bedrooms, four (4) of four (4)
12	bathrooms, kitchen, and backyard. In the areas toured no immediate health, safety, or personal rights
13	violations were observed. LPA and Mihnea Manghiuc (Admin Husband) completed the infection control
14	domain and facility was found to be in substantial compliance at this time. LPA is to send facility
15	information regarding PIN 21-28ASC and Fit Testing resources.
16	
17	LPA is requesting the following documents to be submitted to CCLD by COB 6/18/2021:
18	Designation of Administrative Responsibility (LIC 308); Personnel Report (LIC 500); Proof of Liability
19	Insurance.
20	
21	No deficiencies are being cited as a result of today's inspection.
22	Exit interview conducted and copy of report left at the facility.
23	
24	
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Troy Ordonez
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Konnor Leitzell

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 06/09/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 06/09/2021

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