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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 315001713
Report Date: 08/26/2021
Date Signed: 08/26/2021 02:59:21 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 520 COHASSET RD., STE. 170 CHICO, CA 95926

FACILITY NAME:	DIAMOND OAKS RESIDENTIAL CARE		FACILITY NUMBER:	315001713
ADMINISTRATOR:	BUDAC, ABIGAILA		FACILITY TYPE:	740
ADDRESS:	501 BUTLER COURT		TELEPHONE:	(916) 782-8177
CITY:	ROSEVILLE	STATE: CA	ZIP CODE:	95678
CAPACITY: 6		CENSUS: 5	DATE:	08/26/2021
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME BEGAN:	02:00 PM
MET WITH:	Abigaila Budac		TIME COMPLETED:	03:00 PM

NARRATIVE

Licensing Program Analyst (LPA) Kevin Mknelly arrived at the facility unannounced on 8/26 to conduct a Required-1 Year Inspection utilizing the infection control domain. LPA met with staff and explained the purpose of the visit. Prior to initiating the annual 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 contacted licensee and completed a facility risk assessment. LPA ensured they applied hand sanitizer before entering the facility and the following Personal Protective Equipment (PPE) was worn: Surgical Mask. Additionally, LPA were screened by facility staff upon entering the facility. Administrator is present at the facility to conduct an annual inspection.

LPA toured the interior and exterior of the facility together with staff to ensure health and safety of residents in care. Areas toured include but are not limited to: common areas, resident bedrooms, bathroom, kitchen, laundry room, and backyard. In the areas toured no immediate health, safety, or personal rights violations were observed. Administrator arrived at the facility. LPA and Administrator completed the infection control domain and facility was found to be in substantial compliance at this time.

LPA advised increased signage and symptom screening and do fit testing for N-95s. Provided form and web links.

LPA received Resident roster, LIC 500, Administrator's Certificate. Licensee will submit signature page LIC 610E, Liability Insurance.

No deficiencies are being cited as a result of todays inspection.

Exit interview conducted and copy of report left at the facility.

NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty
NAME OF LICENSING PROGRAM ANALYST: Kevin Mknelly

LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 08/26/2021
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 08/26/2021

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