

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 315001968

Report Date: 12/10/2021

Date Signed: 12/10/2021 12:04:39 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: SUNRISE OF ROCKLIN		FACILITY NUMBER:	315001968
ADMINISTRATOR: MORADHASEL, ROUZBEH		FACILITY TYPE:	740
ADDRESS: 6100 SIERRA COLLEGE BLVD		TELEPHONE:	(916) 632-3003
CITY: ROCKLIN	STATE: CA	ZIP CODE:	95677
CAPACITY: 82	CENSUS: 55	DATE:	12/10/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	10:40 AM
MET WITH: Caroline Frangieh, Senior Executive Director		TIME COMPLETED:	12:00 PM
NARRATIVE			
1	Licensing Program Analyst (LPA) Michael Hood arrived at the facility unannounced on 12/10/2021 to		
2	conduct a Required-1 Year Inspection utilizing the infection control domain. LPA met with Senior		
3	Executive Director, Caroline Frangieh, and explained the purpose of the visit. Prior to initiating the		
4	annual inspection, LPA completed required COVID-19 testing protocols, the daily self-screening		
5	questionnaire for symptoms of COVID-19 infection to affirm no COVID-19 related symptoms, and		
6	contacted facility to complete a facility risk assessment. LPA ensured to apply hand sanitizer before		
7	entering the facility and the following Personal Protective Equipment (PPE) was worn: N-95 Masks.		
8			
9	LPA toured the facility to ensure the health and safety of residents in care. Areas toured include but are		
10	not limited to: first and second floor of Assisted Living Unit, Memory Care Unit, dining rooms, kitchen,		
11	outdoor area, lobby, PPE storage, and main restrooms. Fire extinguishers are ready for emergency use		
12	and all stairwells have evacuation chairs. In the areas toured no immediate health, safety, or personal		
13	rights violations were observed. LPA and Senior Executive Director completed the infection control		
14	domain and facility was found to be in substantial compliance at this time.		
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16	No deficiencies are being cited. 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: Michael Hood			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/10/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/10/2021

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