

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 315002052
Report Date: 12/15/2021
Date Signed: 12/15/2021 03:51:47 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: ESKATON VILLAGE ROSEVILLE	FACILITY NUMBER: 315002052
ADMINISTRATOR: HILL, ADAM	FACILITY TYPE: 740
ADDRESS: 1650 ESKATON LOOP	TELEPHONE: (916) 789-7831
CITY: ROSEVILLE	STATE: CA
CAPACITY: 125	ZIP CODE: 95747
TYPE OF VISIT: Required - 1 Year	CENSUS: 81
MET WITH: Adam Hill	DATE: 12/15/2021
	UNANNOUNCED TIME BEGAN: 02:25 PM
	TIME COMPLETED: 04:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) K.. Hiratsuka, arrived at the facility unannounced on 12/15/2021 to
2	conduct an unannounced annual visit using the infection control tool visit. LPA met with Facility
3	Administrator Adam Hill, and explained the purpose of the visit. Prior to initiating the visit, 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; contacted Facility Representative and completed
6	a facility risk assessment. LPA applied hand sanitizer shortly before entering the facility and the following
7	Personal Protective Equipment (PPE) was worn: surgical mask. Additionally, LPA was screened by
8	Receptionist.
9	
10	LPA and Administrator toured facility together to ensure health and safety of residents in care. Areas
11	toured include but are not limited to: common areas, resident bedrooms, and common restrooms.. In the
12	areas toured no immediate health, safety, or personal rights violations were observed. LPA and
13	Caregiver completed the infection control domain and facility was found to be in substantial compliance
14	at this time.
15	
16	Several topics were discussed.
17	
18	
19	
20	No deficiencies are being cited as a result of todays inspection.
21	
22	Exit interview conducted and copy of report left at the facility.
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Troy Ordonez
NAME OF LICENSING PROGRAM ANALYST: Kerry Hiratsuka

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/15/2021

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