

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 315002798
Report Date: 07/27/2021
Date Signed: 07/27/2021 04:34:09 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: OAKMONT OF ROSEVILLE	FACILITY NUMBER: 315002798
ADMINISTRATOR: ERVIN, TERENCE	FACILITY TYPE: 740
ADDRESS: 1101 SECRET RAVINE PARKWAY	TELEPHONE: (916) 771-6700
CITY: ROSEVILLE	STATE: CA
CAPACITY: 120	ZIP CODE: 95661
TYPE OF VISIT: Prelicensing	CENSUS: 79
MET WITH: Terence Ervin, Executive Director	DATE: 07/27/2021
	UNANNOUNCED TIME BEGAN: 02:40 PM
	TIME COMPLETED: 04:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Praveen Singh arrived to conduct an announced Pre-Licensing
2	inspection. LPA met with Executive Director Terence Ervin (ED) and Interim Executive Director
3	Angelique Doyle and explained the purpose of the visit. Prior to initiating the Pre-Licensing inspection,
4	LPA completed required COVID-19 testing protocols, and a daily self-screening questionnaire for
5	symptoms of COVID-19 infection to affirm no COVID-19 related symptoms; contacted Facility
6	Representative and completed a facility risk assessment. LPA ensured she applied hand sanitizer before
7	entering the facility and the following Personal Protective Equipment (PPE) was worn: surgical mask.
8	Additionally, LPA was screened by Ariana Gales.
9	
10	This facility currently has 79 residents and is operating under license number 312700602. This Pre-
11	Licensing is relative to facility's change of ownership. The facility includes a separate unit called
12	"Traditions" designated for memory care residents. This facility consists of two floors and LPA toured the
13	facility inside and out, including but not limited to the kitchen, dining rooms, common living areas, activity
14	rooms, a random sampling of resident bedrooms and bathrooms, centrally stored medication rooms,
15	Traditions unit, and outdoor areas. LPA observed bathrooms contained grab bars and non-skid mats.
16	Hot water temperature in resident bathroom measured at 105 degrees F.
17	
18	LPA observed a sufficient supply of dishes and utensils as well as a sufficient 7-day supply of non-
19	perishable and 2-day supply of perishable foods in the kitchen. Large Ombudsman, Bill of Rights, and If
20	You See Something... posters were posted on the walls outside the Traditions unit as well as the
21	common area for assisted living residents.
22	
23	
24	
25	[See LIC809-C for Continued Report]

NAME OF LICENSING PROGRAM MANAGER: Laura Munoz
NAME OF LICENSING PROGRAM ANALYST: Praveen Singh

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/27/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/27/2021

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

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: OAKMONT OF ROSEVILLE

FACILITY NUMBER: 315002798

VISIT DATE: 07/27/2021

NARRATIVE

1 Facility Fire Clearance was approved on May 24, 2021 for 110 non-ambulatory and 10 bedridden
2 residents. LPA observed the emergency water and food supply as well as multiple first aid kits. Fire
3 extinguishers were last serviced on July 8, 2021. LPA observed a Disaster Manual binder at the facility
4 and resident files, staff files, centrally stored medications logs, and medication administration records
5 were maintained and organized.
6
7 A component III has been waived. LPA observed that facility is ready to be licensed. This report will be
8 submitted to the Central Applications Unit (CAU) and a final review of the application will be conducted.
9 This facility is not yet licensed, and is subject to final approval by CAU. Additional requirements may still
10 be required.
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12 Exit interview conducted and a copy of the report provided.
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NAME OF LICENSING PROGRAM MANAGER: Laura Munoz

NAME OF LICENSING PROGRAM ANALYST: Praveen Singh

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/27/2021

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/27/2021