

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 315920164

Report Date: 06/20/2024

Date Signed: 06/20/2024 11:16:43 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827	
FACILITY EVALUATION REPORT			
FACILITY NAME:	ROCKLIN MODERN CARE	FACILITY NUMBER:	315920164
ADMINISTRATOR/CHU, CHRISTPHER DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	5720 MORNING SIDE CT.	TELEPHONE:	(916) 202-5008
CITY:	ROCKLIN	STATE: CA	ZIP CODE: 95677
CAPACITY:	6	CENSUS: 6	DATE: 06/20/2024
TYPE OF VISIT:	Prelicensing	UNANNOUNCED TIME VISIT/ INSPECTION BEGAN:	09:30 AM
MET WITH:	Christopher and Patricia Chu	TIME VISIT/ INSPECTION COMPLETED:	12:00 PM
NARRATIVE			
1	Licensing Program Analyst (LPA) Melissa Parks arrived on Thursday June 20, 2024 to conduct an announced prelicensing visit.		
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4	The Compliance and Regulatory Enforcement Tool was used during today's inspection. This facility has a fire clearance for 6 nonambulatory residents, with a total capacity of 6. Facility has all required postings in the entry way.		
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8	LPA toured the facility with Administrator Christopher and Patricia. The following areas were inspected for compliance: kitchen, backyard, resident rooms, bathrooms, staff rooms and common areas. Facility has a current fire extinguisher and a full first aid kit. Medications are kept locked in the dining room.		
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11	Cleaning chemicals and knives/sharps are kept locked and inaccessible to residents.		
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13	Component III has been completed at this time.		
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16	The facility appears to be in substantial compliance and ready for licensure. The license will be granted upon completion of a final review and approval from the Licensing Program Manager and the Central Applications Bureau. An exit interview was conducted with Administrator and a copy of this report will be left at the facility.		
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NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty

NAME OF LICENSING PROGRAM ANALYST: Melissa Parks
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/20/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/20/2024

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