

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 317004933
Report Date: 08/30/2021
Date Signed: 08/31/2021 09:24:53 AM

Document Has Been Signed on 08/31/2021 09:24 AM - It Cannot Be Edited

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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 | |

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| FACILITY NAME: OUTLOOK SENIOR CARE LLC | FACILITY NUMBER: 317004933 |
| ADMINISTRATOR: MIHALAS, DORICA | FACILITY TYPE: 740 |
| ADDRESS: 805 MO COURT | TELEPHONE: (916) 541-7789 |
| CITY: AUBURN | STATE: CA |
| CAPACITY: 6 | ZIP CODE: 95603 |
| TYPE OF VISIT: Required - 1 Year | CENSUS: 5 |
| MET WITH: Calin Mihalas | DATE: 08/30/2021 |
| | UNANNOUNCED TIME BEGAN: 12:00 PM |
| | TIME COMPLETED: 02:30 PM |

| NARRATIVE | |
|-----------|---|
| 1 | LPA Tryon arrived at the facility at noon on 8/30/21 to perform an annual visit using the Infection Control |
| 2 | Domain. Prior to the visit, LPA had checked with the facility to ensure they do not have any COVID |
| 3 | Positive Residents or staff. LPA did a self-screening by taking temperature and reviewing possible |
| 4 | symptoms. LPA wore a surgical mask and used hand sanitizer. LPA met with Administrator Calin |
| 5 | Mihalas.. |
| 6 | |
| 7 | LPA toured the facility including common areas, kitchen, bedrooms, bathrooms, hallways, patio, yard. |
| 8 | |
| 9 | LPA reviewed the infection control domain with the Administrator. LPA requested a copy of most recent |
| 10 | Administrator Certificate, copy of liability insurance, and current staff schedule. |
| 11 | |
| 12 | The facility appears to be in substantial compliance at this time. |
| 13 | |
| 14 | Exit interview conducted |
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| NAME OF LICENSING PROGRAM MANAGER: Troy Ordonez |
| NAME OF LICENSING PROGRAM ANALYST: Todd Tryon |

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/30/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/30/2021

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