

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 317004933
Report Date: 03/24/2025
Date Signed: 03/25/2025 10:02:11 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:	OUTLOOK SENIOR CARE LLC	FACILITY NUMBER:	317004933
ADMINISTRATOR/MIHALAS, DORICA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(916) 541-7789
ADDRESS:	805 MO COURT	ZIP CODE:	95603
CITY:	AUBURN	STATE: CA	
CAPACITY: 6		CENSUS: 6	DATE: 03/24/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 10:00 AM
MET WITH:	Calin Mihalas	TIME VISIT/INSPECTION	COMPLETED: 01:30 PM

NARRATIVE	
1	On 3/24/2025 LPA Tryon visited the facility to do an annual visit. LPA met with Administrator Calin
2	Mihalas.
3	The facility currently has 6 residents.
4	LPA toured the house with Mr. Mihalas including common areas, kitchen, bedrooms, bathrooms,
5	hallways, laundry, yard, garage, The home is very clean, in good condition, very nicely furnished.
6	Bedrooms have appropriate furnishings. Food supplies are plentiful and meet the requirement of 2 days
7	perishable and 7 days non-perishable food. Potentially hazardous items are secured. Medications are
8	centrally stored and locked. Smoke detectors/carbon monoxide detectors present and functioning, fire
9	extinguishers present and charged.
10	
11	LPA reviewed the CARE Tool with Administrator.
12	LPA reviewed 2 of 6 resident files; 2 of 4 staff files.
13	
14	At this time the facility appears to be in substantial compliance with the regulations. No deficiencies
15	were noted.
16	
17	LPA requested copies of most recent Administrator Certificates and Liability Insurance.
18	
19	
20	No deficiencies were cited at this visit.
21	
22	Exit interview conducted.
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Troy Ordonez

NAME OF LICENSING PROGRAM ANALYST: Todd Tryon

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/24/2025

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