

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 317005221
Report Date: 10/05/2021
Date Signed: 10/05/2021 12:16:38 PM

Document Has Been Signed on 10/05/2021 12:16 PM - **It Cannot Be Edited**

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: ELITE QUALITY CARE	FACILITY NUMBER: 317005221
ADMINISTRATOR: PINTEA, AUREL ALIN	FACILITY TYPE: 740
ADDRESS: 189 LOCHNESS COURT	TELEPHONE: (916) 472-6748
CITY: ROSEVILLE	STATE: CA
CAPACITY: 6	ZIP CODE: 95678
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Joy Earle	DATE: 10/05/2021
	UNANNOUNCED TIME BEGAN: 09:30 AM
	TIME COMPLETED: 12:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kevin Mknelly arrived at the facility unannounced on 10/5/21 to
2	conduct a Required-1 Year Inspection utilizing the infection control domain. LPA met with staff and
3	explained the purpose of the visit. Prior to initiating the annual inspection, LPA completed required
4	COVID-19 testing protocols, and a daily self-screening questionnaire for symptoms of COVID-19
5	infection to affirm no COVID-19 related symptoms and contacted licensee and completed a facility risk
6	assessment. LPA ensured they applied hand sanitizer before entering the facility and the following
7	Personal Protective Equipment (PPE) was worn: Surgical Mask. Additionally, LPA were
8	temperaturescreened by facility staff upon entering the facility. LPA requested for staff to notify
9	Administrator that LPA is present at the facility to conduct an annual inspection.
10	
11	LPA toured the interior and exterior of the facility together with staff to ensure health and safety of
12	residents in care. Areas toured include but are not limited to: common areas, resident bedrooms,
13	bathroom, kitchen, laundry room, and backyard. In the areas toured no immediate health, safety, or
14	personal rights violations were observed. Administrator arrived at the facility. LPA, Administrator, and
15	Infection control Leader completed the infection control domain and facility was found to be in
16	substantial compliance at this time.
17	
18	LPA advised: Proof of weekly testing for unvaccinated staff, develop a solution for fire doors use and
19	safety, fit test N-95s for care givers, trash cans with lids for masks and gloves.
20	
21	LPA requested: Resident roster, LIC 500, Administrator's Certificate, and Liability Insurance. Documents
22	to be submitted to LPA via email by due date on, 10/12/21 .
23	
24	No deficiencies are being cited as a result of todays inspection.
25	
	Exit interview conducted and copy of report left at the facility.

NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty
NAME OF LICENSING PROGRAM ANALYST: Kevin Mknelly

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/05/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/05/2021

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