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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 317005428
Report Date: 07/21/2021
Date Signed: 07/21/2021 11:53:20 AM

Document Has Been Signed on 07/21/2021 11:53 AM **- It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 520 COHASSET RD., STE. 170 CHICO, CA 95926

FACILITY NAME:	ATRIA ROCKLIN		FACILITY NUMBER:	317005428
ADMINISTRATOR:	DANA STANSEL		FACILITY TYPE:	740
ADDRESS:	3201 SANTA FE WAY		TELEPHONE:	(916) 435-8800
CITY:	ROCKLIN	STATE: CA	ZIP CODE:	95765
CAPACITY: 105		CENSUS: 80	DATE:	07/21/2021
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED	TIME BEGAN:	11:10 AM
MET WITH:	Dana Stansel, Executive Director		TIME COMPLETED:	12:05 PM

NARRATIVE

Licensing Program Analyst (LPA) Wolter arrived at the facility unannounced on 07/21/2021 to conduct a case management visit regarding an incident report Community Care Licensing (CCL) received on 07/19/2021, LPA met with Executive Director (ED) Dana Stansel and explained the purpose of the visit.

Prior to initiating the case management, LPA completed required COVID-19 testing protocols, and a daily self-screening questionnaire for symptoms of COVID-19 infection to affirm no COVID-19 related symptoms, LPA ensured they applied hand sanitizer before entering the facility and the following Personal Protective Equipment (PPE) was worn: surgical mask. Additionally, LPA was screened by facility staff upon entry.

Incident report received on 07/19/2021 was in regards to an incident that occurred on 07/15/2021, resident (R1) was inadvertently given the wrong medications. Med-tech noticed the mistake immediately and the proper parties were notified, R1 was transported to the hospital and no adverse reactions were suffered.

LPA and ED discussed the incident in further detail, R1 was mistakenly handed the wrong residents medications after the med-tech had poured them and addressed another residents behaviors in the memory care unit. The med-tech was issued a final written warning, provided with additional training, and shadowed on the next shift to ensure no errors were made.

A deficiency is being cited as a result of today's visit and is on the attached LIC 809-D.

Exit interview conducted, appeal rights provided, and copy of report left at the facility.

NAME OF LICENSING PROGRAM MANAGER: Laura Munoz
NAME OF LICENSING PROGRAM ANALYST: Danyle Wolter

LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/21/2021
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/21/2021

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

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Created By: Danyle Wolter On 07/21/2021 at 11:41 AM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 520 COHASSET RD., STE. 170 CHICO, CA 95926

FACILITY NAME: ATRIA ROCKLIN **FACILITY NUMBER:** 317005428

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/21/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 07/21/2021 **Section Cited**	1 2 3 4 5 6 7	87465 Incidental Medical and Dental Care (a) A plan for incidental medical and dental care shall be developed by each facility. The plan shall encourage routine medical and dental care and provide for assistance in obtaining such care, by compliance with the following: (5) The licensee shall assist residents with self-administered medications as needed.		
	8 9 10 11 12 13 14	This requirement was not met as evidenced by: interview and documentation review. The licensee failed to comply with the regulation referenced above. R1 received medications which did not belong to them. This poses an immediate health, safety, and/or personal rights risk to residents in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7			
	1 2 3 4 5 6 7			

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME:	Laura Munoz
LICENSING EVALUATOR NAME:	Danyle Wolter
LICENSING EVALUATOR SIGNATURE:	
	**DATE:** 07/21/2021
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	**DATE:** 07/21/2021