

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 317005563
Report Date: 09/29/2021
Date Signed: 09/29/2021 01:59:41 PM

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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	

FACILITY NAME: HAMPSHIRE MANOR INC	FACILITY NUMBER: 317005563
ADMINISTRATOR: CATHY DUSTIN	FACILITY TYPE: 740
ADDRESS: 1203 HAMPSHIRE COURT	TELEPHONE: (916) 742-5386
CITY: ROSEVILLE	STATE: CA
CAPACITY: 6	ZIP CODE: 95661
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Cathy Dustin	DATE: 09/29/2021
	UNANNOUNCED TIME BEGAN: 01:33 PM
	TIME COMPLETED: 02:05 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Sarena Keosavang arrived at the facility unannounced on 09/29/2021
2	to conduct a Required-1 Year Inspection utilizing the infection control domain. LPA met with
3	Administrator, Cathy Dustin, and explained the purpose of the visit. Prior to initiating the annual
4	inspection, LPA completed required COVID-19 testing protocols, and a daily self-screening
5	questionnaire for symptoms of COVID-19 infection to affirm no COVID-19 related symptoms and
6	contacted licensee and completed a facility risk assessment. LPA ensured they applied hand sanitizer
7	and washed hands before entering the facility and the following Personal Protective Equipment (PPE)
8	was worn: Surgical Mask. Additionally, LPA were screened by facility staff upon entering the facility.
9	
10	LPA toured the interior and exterior of the facility together with Administrator to ensure health and safety
11	of residents in care. Areas toured include but are not limited to: common areas, six (6) resident
12	bedrooms, four (4) bathrooms, kitchen, and backyard. In the areas toured no immediate health, safety,
13	or personal rights violations were observed. LPA and Administrator completed the infection control
14	domain and facility was found to be in substantial compliance at this time.
15	
16	No deficiencies are being cited as a result of todays inspection.
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18	Exit interview conducted and copy of report left at the facility.
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NAME OF LICENSING PROGRAM MANAGER: Anthony Perez
NAME OF LICENSING PROGRAM ANALYST: Sarena Keosavang

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/29/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/29/2021

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