

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 342700471

Report Date: 12/03/2021

Date Signed: 12/03/2021 12:33:46 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: COGIR OF STOCK RANCH		FACILITY NUMBER:	342700471
ADMINISTRATOR: DAORO-LEHNER, TRACY		FACILITY TYPE:	740
ADDRESS:	7418 STOCK RANCH RD	TELEPHONE:	(916) 725-7418
CITY:	CITRUS HEIGHTS	STATE: CA	ZIP CODE: 95621
CAPACITY: 99		CENSUS: 60	DATE: 12/03/2021
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME BEGAN:	11:10 AM
MET WITH: Tracy Daoro-Lehner, Executive Director		TIME COMPLETED:	12:50 PM
NARRATIVE			
1	Licensing Program Analysts (LPAs) Angela Hood and Michael Hood arrived at the facility unannounced		
2	on 12/3/2021 to conduct a Required-1 Year Inspection utilizing the infection control domain. LPAs met		
3	with Executive Director, Tracy Daoro-Lehner, and explained the purpose of the visit. Prior to initiating the		
4	annual inspection, LPAs completed required COVID-19 testing protocols, the daily self-screening		
5	questionnaire for symptoms of COVID-19 infection to affirm no COVID-19 related symptoms, and		
6	contacted facility to complete a facility risk assessment. LPAs ensured to apply hand sanitizer before		
7	entering the facility and the following Personal Protective Equipment (PPE) was worn: N-95 Masks.		
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9	LPAs toured the facility to ensure the health and safety of residents in care. Areas toured include but are		
10	not limited to: first and second floor of Assisted Living Unit, dining room, kitchen, outdoor area, lobby,		
11	activity rooms, laundry room, and main restrooms. Fire extinguishers are ready for emergency use and		
12	all stairwells have evacuation chairs. In the areas toured no immediate health, safety, or personal rights		
13	violations were observed. LPAs and Executive Director completed the infection control domain and		
14	facility was found to be in substantial compliance at this time.		
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16	No deficiencies are being cited. 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: Michael Hood			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/03/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/03/2021

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