

## 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
<b>FACILITY EVALUATION REPORT</b>	

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	12:50 PM
		COMPLETED:	

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.**