

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 342700525  
Report Date: 08/30/2021  
Date Signed: 08/30/2021 04:06:31 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: ALMOND HEIGHTS	FACILITY NUMBER: 342700525
ADMINISTRATOR: AGUIAR, TERRI	FACILITY TYPE: 740
ADDRESS: 8685 GREENBACK LN	TELEPHONE: (916) 542-7988
CITY: ORANGEVALE	STATE: CA
CAPACITY: 145	ZIP CODE: 95662
TYPE OF VISIT: Required - 1 Year	CENSUS: 98
MET WITH: Terri Aguiar, Executive Director	DATE: 08/30/2021
	UNANNOUNCED TIME BEGAN: 12:30 PM
	TIME COMPLETED: 01:55 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Wolter arrived at the facility unannounced on 08/30/2021 to conduct a
2	Required-1 Year Inspection utilizing the infection control domain, LPA met with Executive Director, Terri
3	Aguiar and explained the purpose of the visit. Prior to initiating the annual inspection, LPA completed
4	required COVID-19 testing protocols, and a daily self-screening questionnaire for symptoms of COVID-
5	19 infection to affirm no COVID-19 related symptoms and contacted licensee and completed a facility
6	risk 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 utilized facility's
8	screening tool upon arrival.
9	
10	LPA and Executive Director toured facility together to ensure health and safety of residents in care.
11	Areas toured include but are not limited to: common areas, brief inspection of ten (10) resident
12	bedrooms - four (4) on each floor and two (2) in memory care, common area bathrooms, kitchen and
13	patio area. In the areas toured no immediate health, safety, or personal rights violations were observed.
14	LPA and Executive Director completed the infection control domain together and facility was found to be
15	in substantial compliance at this time.
16	
17	No deficiencies are being cited as a result of today's inspection.
18	Exit interview conducted and copy of report to be emailed to Executive Director.
19	
20	
21	<b>Executive Director to send in updated copy of LIC 500 - Personnel Report, and current copy of</b>
22	<b>Liability Insurance to Community Care Licensing by 09/07/2021.</b>
23	
24	
25	

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

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/30/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/30/2021

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