

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 342700722  
Report Date: 07/09/2021  
Date Signed: 07/09/2021 04:01:05 PM

Document Has Been Signed on 07/09/2021 04:01 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 2525 NATOMAS PARK DR. STE.270 SACRAMENTO, CA 95833
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: WELLQUEST OF ELK GROVE	FACILITY NUMBER: 342700722
ADMINISTRATOR: MAURER, JENNIFER	FACILITY TYPE: 740
ADDRESS: 8871 E STOCKTON BLVD	TELEPHONE: (916) 689-1000
CITY: ELK GROVE	STATE: CA
CAPACITY: 170	ZIP CODE: 95624
TYPE OF VISIT: Required - 1 Year	CENSUS: 40
MET WITH: Jennifer Maurer	DATE: 07/09/2021
	UNANNOUNCED TIME BEGAN: 01:30 PM
	TIME COMPLETED: 04:15 PM

NARRATIVE	
1	Prior to today's visit Licensing Program Analyst (LPA) Victoria Brown contacted the Administrator with
2	the following questions: In the last 10 days, has anyone who is regularly present in the home/facility,
3	including persons in care, or staff developed any of the following symptoms not associated with a pre-
4	existing condition? Fever or chills, Cough, Shortness of breath/difficulty breathing, Fatigue, Muscle or
5	body aches, Headaches, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or
6	vomiting, and Diarrhea. Have any individuals Tested positive for COVID-19 with a laboratory confirmed
7	test?
8	Have any individuals Been exposed to someone who tested positive for COVID-19 w/o wearing
9	appropriate PPE? Have any individuals Been diagnosed with a respiratory infection (e.g., flu, bronchitis)
10	or have any respiratory symptoms, such as a sinus congestion or runny nose? Are any individuals in
11	care, caregivers, or staff being evaluated for COVID-19 by a healthcare worker in a healthcare setting?
12	Have any individuals in care, caregivers, or staff been quarantined for COVID-19 in the past 30 days?
13	Have any individuals in care, caregivers, or staff traveled within the last 14 days, to a country considered
14	to be at high-risk for COVID-19 by the CDC travel website? LPA received a "No" answer to all of the
15	above questions.
16	
17	Licensing Program Analyst (LPA) Victoria Brown and Cristina Wong, Program Clinical Consultant (PCC)
18	arrived unannounced to conduct a Required - Annual visit on 7/9/21 at 1:30pm. Administrator Certificate
19	expires 6/24/2022.
20	
21	LPA met with Jennifer Maurer, Administrator and Camille Marcello, Business Office Director who
22	assisted with today's visit. LPA discussed the purpose of the visit. The facility is licensed for a capacity of
23	170 residents of which 20 maybe bedridden. Facility has a hospice waiver for 25 to receive hospice care
24	services. There is 2 resident receiving hospice services at this time.
25	LPA toured and inspected the physical plant inside and outside to ensure there are no safety hazards to
	residents.
	LPA observed and interviewed a random amount of residents who were engaged in activities during this
	visit.
	See 809C for continuation...

**NAME OF LICENSING PROGRAM MANAGER:** Stephen Richardson  
**NAME OF LICENSING PROGRAM ANALYST:** Victoria Brown  
**LICENSING PROGRAM ANALYST SIGNATURE:**  
 **DATE:** 07/09/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**  
 **DATE:** 07/09/2021

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

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  COMMUNITY CARE LICENSING DIVISION  CCLD Regional Office, 2525 NATOMAS PARK DR.  STE.270  SACRAMENTO, CA 95833</p>
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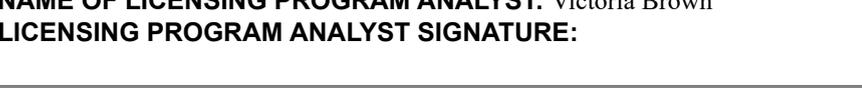
**FACILITY NAME:** WELLQUEST OF ELK GROVE

**FACILITY NUMBER:** 342700722

**VISIT DATE:** 07/09/2021

**NARRATIVE**

1 809 continued...  
2  
3 LPA observed 2-day perishables and 7-day non-perishables.  
4  
5 The temperature inside the facility was observed to be at 75°F which is within the required range of 68-  
6 85°F. The hot water temperature was measured at 118.3°F which is within the required range of 105-  
7 120°F. LPA observed a pull alarm system, fire extinguisher(s), smoke and carbon monoxide detectors,  
8 and central heating and air in the facility.  
9  
10 LPA observed the centrally stored medications area to be locked and inaccessible to residents. The first  
11 aid kit contained the required items such as sterile dressings, bandages, adhesive tape, scissors,  
12 tweezers, thermometers, antiseptic solution and guide.  
13  
14 Upon a file review the following items were discussed to be submitted with any changes annually:  
15 Designation of Facility Responsibility (LIC308)  
16 Control of Property  
17 Liability Insurance  
18 Administrator Certificate-Updated  
19 Personnel Report (LIC500)  
20  
21  
22 Per the California Code of Regulations, Title 22, Division 6, Chapter 8, no deficiencies observed or cited.  
23 Exit interview held, copy of report given.  
24  
25  
26  
27  
28  
29  
30  
31  
32

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**LICENSING PROGRAM ANALYST SIGNATURE:**  
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