

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 342700751
Report Date: 04/22/2021
Date Signed: 04/23/2021 04:53:51 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: OAKMONT OF CARMICHAEL	FACILITY NUMBER: 342700751
ADMINISTRATOR: CONDIE, NATHAN	FACILITY TYPE: 740
ADDRESS: 4717 ENGLE ROAD	TELEPHONE: (916) 483-3800
CITY: CARMICHAEL	STATE: CA
CAPACITY: 101;	ZIP CODE: 95608
101	CENSUS: 66
TYPE OF VISIT: Prelicensing	DATE: 04/22/2021
MET WITH: Nathan Condie, Executive Director	UNANNOUNCED TIME BEGAN: 03:30 PM
	TIME COMPLETED: 05:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Sabrina Calzada conducted a scheduled tele-visit on 4/22/2021 @3:30
2	pm with Nathan Condie, Executive Director and Kathleen Gilbey, Administrator Designee, due to current
3	Covid-19 precautionary measures in place. The reason for the pre-licensing is due to a change in
4	ownership. There are 66 residents currently residing at the facility.
5	
6	LPA and Executive Director toured the interior of the facility, including common areas, kitchen, (2)
7	resident rooms, and outside courtyards The facility is a two-story building with separate memory care
8	(M/C) and assisted living (A/L) units. The facility has a fire clearance for (89) non-ambulatory residents
9	and (12) bedridden residents. LPA observed the facility to be clean, in good repair and to have sufficient
10	furniture and lighting throughout. LPA observed sufficient 7+day non-perishable and 2+day perishable
11	supply of food in the kitchen and the freezer/refrigerator temperatures to be set at required
12	temperatures. LPA observed the hot water measured at 118°F in two resident rooms. LPA observed a
13	complete first aid kit in the medication room and that the fire extinguishers were serviced on 8/4/2020.
14	Resident in A/L have a pendant to wear and residents in M/C have a pendant to use in the bathroom
15	and there are egress doors within the M/C unit that are monitored (6) times a day. LPA observed a
16	fountain that is against the wall in M/C patio that does not have any standing water and a fountain built
17	within a concrete planter box in A/L patio. Activities are posted within each A/L and M/C unit. Vehicle
18	maintenance records are maintained as well as resident and staff binders and training records. LPA
19	observed the following posted at facility: Resident Personal Rights, a completed Emergency Disaster
20	Plan for RCFE (LIC610E), See Something Say Something poster, Ombudsman poster, Facility sketch
21	with evacuation route, Theft and Loss Policy, and Rights of Resident/Family Councils, and Non-
22	Discrimination notice. Comp III was conducted during today's inspection. Pre-licensing is
23	complete and this facility has no deficiencies. LPA to notify analyst in application unit of
24	inspection being conducted. A copy of today's report tele-visit was emailed to the Executive Director
25	on 4/23/2021. Administrator agree to sign and return a copy of the report to CCL and to keep a copy for the facility records.

NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty
NAME OF LICENSING PROGRAM ANALYST: Sabrina Calzada

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/22/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/22/2021

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