

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 342700860
Report Date: 10/14/2021
Date Signed: 10/14/2021 11:42:10 AM

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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: MADISON SQUARE SENIOR LIVING	FACILITY NUMBER: 342700860
ADMINISTRATOR: STIR, DARIUS	FACILITY TYPE: 740
ADDRESS: 4517 CYCLAMEN WAY	TELEPHONE: (279) 777-5875
CITY: SACRAMENTO	STATE: CA
CAPACITY: 6	ZIP CODE: 95841
TYPE OF VISIT: Post Licensing	CENSUS: 6
MET WITH: Darius Stir, Administrator	DATE: 10/14/2021
	UNANNOUNCED TIME BEGAN: 09:45 AM
	TIME COMPLETED: 09:50 AM

NARRATIVE	
1	Licensing Program Analysts (LPAs) Angela Hood and Michael Hood arrived at the care home today and
2	met with the Administrator, Darius Stir, to conduct an annual required and post licensing visit.
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4	For more information on the post licensing visit please see LIC 809 dated 10/14/21.
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6	No deficiencies cited for the post licensing visit.
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NAME OF LICENSING PROGRAM MANAGER: Anthony Perez NAME OF LICENSING PROGRAM ANALYST: Michael Hood

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/14/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/14/2021

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