

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 342701097
Report Date: 04/09/2025
Date Signed: 04/30/2025 08:47:11 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827	
FACILITY EVALUATION REPORT			
FACILITY NAME: SKYPARK MANOR		FACILITY NUMBER:	342701097
ADMINISTRATOR/RICHARDSON, SHERRY		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	5510 SKY PARKWAY	TELEPHONE:	(916) 422-5650
CITY:	SACRAMENTO	STATE: CA	ZIP CODE: 95823
CAPACITY: 144		CENSUS: 80	DATE: 04/09/2025
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED TIME VISIT/INSPECTION	09:45 AM
		BEGAN:	
MET WITH:	Susan McCloure	TIME VISIT/INSPECTION	12:20 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analysts (LPAs) Kevin Gould and Cynthia Tamayo conducted an		
2	unannounced case management visit at facility on 4/9/25 to conclude the investigation of the		
3	Resident 1's (R1) death that occurred on 1/4/2024. LPAs Tamayo and Gould met with facility		
4	staff, Rabindar Singh and Assistant Administrator, Susan McCloure and together discussed		
5	the investigation details.		
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8	On 4/3/2025, the department obtained a copy of R1's death certificate from the Sacramento		
9	County Office of Vital Records. R1's date of death is listed as 1/4/2024, and the cause of		
10	death is hanging. There were no other significant conditions contributing to his death.		
11	Multiple staff denied R1's made prior attempts to commit suicide, had any changes in		
12	behavior, or verbalized any comments to suggest that R1 was going to take their own life.		
13	Medication Technicians stated they administered R1's medications. R1's medication records		
14	documented he was receiving his medication as prescribed.		
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18	The Department investigations revealed multiple staff interacted with R1 earlier that day and		
19	did not notice any changes in his behavior or anything concerning before R1's death. Staff		
20	conducted client rounds every two hours and R1 did not require an additional level of		
21	supervision. Multiple staff reported it was not unusual for R1 to spend time outside during		
22	the day.		
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24			
25	Report Continued on LIC 809-C		
NAME OF LICENSING PROGRAM MANAGER: Czarrina A Camilon-Lee			

NAME OF LICENSING PROGRAM ANALYST: Cynthia Tamayo

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/09/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/09/2025

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a

deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

LIC809 (FAS) - (09/23)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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FACILITY NAME: SKYPARK MANOR

FACILITY NUMBER: 342701097

VISIT DATE: 04/09/2025

NARRATIVE	
1	Based on the interviews conducted during the investigation process, records review, video
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4	footage, and statements obtained during the investigation process, the department did not
5	observe any violations of Title 22 regulations.
6	There are no deficiencies observed or cited during today's inspection.
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9	Exit interview was conducted with facility staff and a copy of this report was left at the
10	facility.
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NAME OF LICENSING PROGRAM MANAGER: Czarrina A Camilon-Lee

NAME OF LICENSING PROGRAM ANALYST: Cynthia Tamayo

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/09/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/09/2025

LIC809 (FAS) - (06/04)

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