

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 342701097
Report Date: 09/21/2021
Date Signed: 09/21/2021 11:29:58 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		CCLD Regional Office, 744 P STREET, MS 9-14-8201	
		SACRAMENTO, CA 95814	
FACILITY NAME: SKYPARK MANOR		FACILITY NUMBER:	342701097
ADMINISTRATOR: SHERRY RICHARDSON		FACILITY TYPE:	740
ADDRESS: 5510 SKY PARKWAY		TELEPHONE:	(916) 422-5650
CITY: SACRAMENTO	STATE: CA	ZIP CODE:	95823
CAPACITY: 144	CENSUS:	DATE:	09/21/2021
TYPE OF VISIT: Office	ANNOUNCED	TIME BEGAN:	11:00 AM
MET WITH: SHERRY RICHARDSON & MIR BOKHARI		TIME COMPLETED:	11:30 AM
	Applicant/administrator		

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: CHOW
3	Capacity: 144
4	Census (if any clients in care): YES (77)
5	
6	
7	
8	Method: Telephone call with CAB
9	COMP II Participants: SHERRY RICHARDSON & MIR BOKHARI Applicant/administrator
10	<i>Applicant / administrator participated in COMP II via telephone call with the analyst at</i>
11	<i>CAB. During COMP II, applicant and administrator confirmed the understanding of</i>
12	<i>Title 22. Component II was successfully completed.</i>
13	
14	
15	
16	<i>During COMP II, CAB analyst confirmed Applicant / Administrator's understanding of</i>
17	<i>following areas:</i>
18	
19	<i>1. Facility operation: License type, client / resident populations, and program</i>
20	<i>2. Staff qualifications and responsibilities</i>
21	<i>3. Applicant and Administrator qualifications</i>
22	<i>4. Program policy: Abuse, admission agreement, medication management, reporting</i>
23	<i>incidents to CCL, restricted & prohibited conditions</i>
24	<i>5. Grievances, Complaints, Community resources</i>
25	<i>6. Physical plant, food service</i>
	<i>7. Application document review and technical assistance: Criminal record clearance,</i>

Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate, Financial verification, Pre-licensing inspection, Compliance history, Control of property

8. Discussed the COVID-19 Mitigation Plan & PIN emailed

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion

NAME OF LICENSING PROGRAM ANALYST: Maria Ejaz

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/21/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/21/2021

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