

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 342701107
Report Date: 11/02/2021
Date Signed: 11/02/2021 03:22:05 PM

Document Has Been Signed on 11/02/2021 03:22 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
FACILITY EVALUATION REPORT	

FACILITY NAME: REGENCY PLACE	FACILITY NUMBER: 342701107
ADMINISTRATOR: CRUZ, ELIZABETH	FACILITY TYPE: 740
ADDRESS: 8190 ARROYO VISTA DRIVE	TELEPHONE: (916) 681-7800
CITY: SACRAMENTO	STATE: CA
CAPACITY: 61	ZIP CODE: 95823
TYPE OF VISIT: Prelicensing	CENSUS: 46
MET WITH: Elizabeth Cruz	DATE: 11/02/2021
	UNANNOUNCED TIME BEGAN: 01:00 PM
	TIME COMPLETED: 03:33 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Christina Valerio arrived at the facility to conduct an announced pre-
2 licensing visit. LPA Valerio introduced herself and discussed the elements of the pre-licensing visit with
3 Administrator Elizabeth Cruz. LPA Valerio was screened for COVID-19 symptoms and temperature
4 taken prior to being allowed entry into the facility. LPA was also asked to wash hands prior to being
5 allowed entry. Facility staff confirmed no resident or staff have been observed to have any signs or
6 symptoms of COVID-19 in the last 10 days.
7
8 The facility has a fire clearance for a total of 61 residents, of which 51 non-ambulatory residents and 10
9 bedridden residents. The facility has an approved hospice waiver on file. Observed there are 46
10 residents in care for Assisted Living and Memory Care. The facility has an approved LIC 808 mitigation
11 plan on file and uploaded into FAS.
12
13 LPA toured and inspected the physical plant inside and outside to ensure there are no health and safety
14 concerns. The facility has two wings, one for assisted living and one for memory care, and exterior area.
15 The memory care unit is secured by a locked door system. The exterior area has a gazebo and a sitting
16 area for outdoor visits.
17
18 LPA observed the area where the staff and resident files will be locked and readily available for review.
19 Files were organized and had necessary documents. Emergency disaster plan and necessary signage
20 posted and available. Facility has a 30-day supply of face shields, gowns, N95s, surgical masks, hand
21 sanitizers, and sanitizing wipes located in the storage room. Facility common areas were clean with no
22 sticky floors. First aid kits and emergency supply of food were observed to be fully stocked. LPA
23 observed no obstruction of emergency exits inside or outside of facility.
24
25 Continues on LIC 809-C...

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NAME OF LICENSING PROGRAM MANAGER: Stephen Richardson
NAME OF LICENSING PROGRAM ANALYST: Christina Valerio

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/02/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/02/2021

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

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: REGENCY PLACE

FACILITY NUMBER: 342701107

VISIT DATE: 11/02/2021

NARRATIVE

1 Continues from LIC 809...
2
3
4 LPA Valerio observed the commercial kitchen area, outside storage pantry, dining area, 4 resident
5 bedrooms and bathrooms, storage areas, activity room, medication room, and office areas. The kitchen
6 was clean and organized. There is a locked shed located outside the facility near the exit of the kitchen
7 that is used to store the emergency supply of food and water. LPA observed area where food supplies of
8 nonperishable foods for a minimum of one week and perishable foods for a minimum of two days are
9 maintained on the premises. All items outside of the original packaging were dated. LPA observed
10 resident rooms on the Assisted Living and Memory Care side. Resident bedrooms observed to have
11 necessary furniture. Resident bedrooms are furnished with a bed, chair, night stand, personal dresser,
12 and closet space. Resident bathrooms observed to have non-skid mats, soap, paper towels, hand
13 sanitizers, and garbage cans. Resident bedrooms were clean and did not have an odor. Hand sanitizer
14 is available throughout the facility. COVID-19 informational, hand washing, and social distancing signs
15 are posted throughout the facility. All emergency exits have appropriate signage. Cleaning supplies were
16 secured and locked in the storage room. Smoke detectors and carbon monoxide detectors were noted
17 and functioning properly. Hot water temperature in resident's bathroom measured at 118.2°F , 112.7°F,
18 112.4°F, 111.9°F in 4 bathrooms, which is within regulatory range of 105 °F and 120 °F. Fire
19 extinguishers were up to date with last check on 06/18/2021.
20
21 A Component III was completed during the visit with the Administrator Elizabeth Cruz. Administrator had
22 no further questions.
23
24 Pre-Licensing is complete and this facility has no deficiencies. Exit interview held, and a copy of the
25 report was given.
26
27 LPA will notify the Central Application Bureau (CAB) that the pre-licensing has been completed and
28 passed.
29
30
31
32

NAME OF LICENSING PROGRAM MANAGER: Stephen Richardson

NAME OF LICENSING PROGRAM ANALYST: Christina Valerio

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 11/02/2021

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/02/2021