

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 342701121
Report Date: 03/29/2022
Date Signed: 03/29/2022 03:14:42 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, 2525 NATOMAS PARK DR. STE.270 SACRAMENTO, CA 95833
FACILITY EVALUATION REPORT	

FACILITY NAME: OAKMONT OF EAST SACRAMENTO	FACILITY NUMBER: 342701121
ADMINISTRATOR: ERVIN, TERENCE	FACILITY TYPE: 740
ADDRESS: 5301 F STREET	TELEPHONE: (916) 905-2400
CITY: EAST SACRAMENTO	STATE: CA
CAPACITY: 214	ZIP CODE: 95819
TYPE OF VISIT: Prelicensing	CENSUS: 137
MET WITH: Michael Clymo	DATE: 03/29/2022
	UNANNOUNCED TIME BEGAN: 01:25 PM
	TIME COMPLETED: 03:35 PM

NARRATIVE	
1	On 3/29/22 at 1:25pm Licensing Program Analyst (LPA) Chris Hopkins arrived at Oakmont of East
2	Sacramento for the purpose of conducting an unannounced Pre-Licensing inspection due to Change of
3	Ownership. A risk assessment call was performed prior to entry verifying there were no active covid
4	cases. LPA was screened for COVID-19 symptoms and temperature taken at front desk. LPA met with
5	Assistant Executive Director Michael Clymo and together conducted a tour of the facility.
6	
7	LPA inspected the kitchen, resident bedrooms, resident bathroom, living and dining room and outdoor
8	areas. LPA observed the facility to be free of odor, clean and in good repair. LPA observed that rooms
9	are equipped with the required furniture and sufficient lighting throughout the facility. LPA measured the
10	water temperature, temperature measured at 110 degrees F, in assisted living unit and water
11	temperature measured at 107 degrees F in the memory care unit, which meets the 105-120 degree
12	Fahrenheit regulation. Fire extinguishers and smoke detectors are current and in compliance with fire
13	safety. LPA notes the facility had the required carbon monoxide detectors. First aid kit was checked and
14	is complete. LPA observed sufficient seven-day non-perishable and two-day perishable food supplies
15	LPA observed centrally stored medications locked. Cleaning supplies kept locked in house keeping
16	closet. The facility has an approved LIC 808 mitigation plan on file.
17	
18	There were no deficiencies observed during today's Pre-licensing inspection.
19	
20	Component III was conducted and completed during today's Pre-licensing inspection.
21	
22	Exit Interview was conducted with Assistant Executive Director Michael Clymo and a copy of this report
23	was provided.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Czarrina A Camilon-Lee
NAME OF LICENSING PROGRAM ANALYST: Christopher Hopkins-Clarke

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/29/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/29/2022

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