

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 345920078
Report Date: 01/28/2025
Date Signed: 01/28/2025 01:44:29 PM

Document Has Been Signed on 01/28/2025 01:44 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
FACILITY EVALUATION REPORT	

FACILITY NAME:	BLOSSOM VALE SENIOR LIVING	FACILITY NUMBER:	345920078
ADMINISTRATOR/SHANKLIN, DANIELLE		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(916) 560-1149
ADDRESS:	6125 HAZEL AVENUE	ZIP CODE:	95662
CITY:	ORANGEVALE	STATE: CA	
CAPACITY: 120		CENSUS: 94	DATE: 01/28/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	08:35 AM
MET WITH:	Jessica Brass and Chrystal Perez	BEGAN: TIME VISIT/ INSPECTION	02:00 PM
		COMPLETED:	

NARRATIVE	
1	On 01/28/2025 , Licensing Program Analyst (LPA) Talwinder Bains arrived unannounced to conduct the
2	annual inspection. LPA met with Business Office Director, Jessica Brass and Resident Care Director,
3	Chrystal Perez who assisted LPA with today's visit. Currently there are 94 residents of which 3 residents
4	are receiving hospice care.
5	
6	LPA toured facility with to ensure the health and safety of residents in care. LPA toured residents rooms,
7	medication room, bathrooms, kitchen, dining room, common areas and activity areas. LPA observed
8	residents in common areas participating in activities and in the dining room having lunch. The facility
9	was found to be clean, safe, sanitary and in good condition. LPA observed the facility to have the
10	mandated posters posted. Fire extinguishers are maintained and ready for emergency use. Facility has
11	required food supplies. There are appropriate staff present to meet the needs of residents. Inside
12	temperature was 72-74 degree F. Hot water measured between 110-114 in three different areas at
13	facility was in required range 105-120 degree F. Facility was conducting fire and disaster drills per
14	requirement.
15	
16	LPA reviewed ten (10) residents files and eight (8) staff files. Staff records reviewed indicated training
17	completed and other required paperwork. Residents files found to have required documentation. LPA
18	reviewed two (2) residents medications comparing with current physician orders and found it to be
19	correct.
20	LPA checked the current narcotic medications log with staff and found no errors. LPA observed that
21	medications were secured and were inaccessible to residents.
22	
23	LPA completed the full care tool and no deficiencies were observed or cited per Title 22 Regulations.
24	
25	Exit interview conducted and a copy of the report was left at the facility.

NAME OF LICENSING PROGRAM MANAGER: Laura Munoz
NAME OF LICENSING PROGRAM ANALYST: Talwinder Bains
LICENSING PROGRAM ANALYST SIGNATURE:

 **DATE:** 01/28/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

 **DATE:** 01/28/2025

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