

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 347000389

Report Date: 04/23/2021

Date Signed: 04/23/2021 11:43:36 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 520 COHASSET RD., STE. 170 CHICO, CA 95926
FACILITY EVALUATION REPORT	

FACILITY NAME: ATRIA EL CAMINO GARDENS	FACILITY NUMBER: 347000389
ADMINISTRATOR: RIST, ALICIA	FACILITY TYPE: 740
ADDRESS: 2426 GARFIELD AVE	TELEPHONE: (916) 488-5722
CITY: CARMICHAEL	STATE: CA ZIP CODE: 95608
CAPACITY: 325	CENSUS: 225 DATE: 04/23/2021
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 11:30 AM
MET WITH: Administrator, Alicia Rist	TIME COMPLETED: 12:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Melana Llopis contacted the facility on 04/23/2021 via telephone due to Covid-19 and precautionary measures for a Case Management call. LPA spoke with Administrator, Alicia Rist and explained the purpose of the call was to address concerns the Department received regarding the facility's visitation policies.
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6	Administrator emailed LPA the facility visitation plan. LPA and Administrator reviewed plan as well as PIN 21-17 which addresses CCLD guidelines for visitations during this time.
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9	LPA and Administrator to follow up.
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11	No deficiencies are being cited due to today's call.
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14	Exit interview conducted, copy of report emailed to Administrator. Administrator to send a signed copy back to LPA.
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NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty

NAME OF LICENSING PROGRAM ANALYST: Melana Llopis

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 04/23/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 04/23/2021

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