

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 347000985
Report Date: 08/26/2021
Date Signed: 08/26/2021 12:48:15 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: GOLDEN POND RETIREMENT COMMUNITY	FACILITY NUMBER: 347000985
ADMINISTRATOR:STEPHEN SARINE	FACILITY TYPE: 740
ADDRESS: 3415 MAYHEW ROAD	TELEPHONE: (916) 369-8967
CITY: SACRAMENTO	STATE: CA
CAPACITY: 175	ZIP CODE: 95827
TYPE OF VISIT: Required - 1 Year	CENSUS: 97
MET WITH: Jessica Rivera	DATE: 08/26/2021
	UNANNOUNCEDTIME BEGAN: 11:10 AM
	TIME COMPLETED: 01:00 PM

NARRATIVE	
1	On 8/26/21 at 11:15am Licensing Program Analyst (LPA) Kevin Gould arrived at Golden Pond
2	Retirement Community for the purpose of conducting a required 1 year annual inspection. LPA met with
3	Staff, Jessica Rivera and together conducted a tour of the home.
4	
5	LPA and Administrator evaluated the physical plant to ensure the health and safety of the residents in
6	care. Areas inspected are including but not limited to the kitchen, resident bedrooms; resident
7	bathrooms, living and dining room and outdoor areas. LPA observed the facility to be free of odor, clean
8	and in good repair. LPA observed that all rooms inspected are equipped with the required furniture and
9	sufficient lighting throughout the facility.
10	
11	LPA measured the water temperature, temperature measured at 116 and 108 degrees F in memory care
12	and Assisted Living respectively which meets the 105-120 degree Fahrenheit regulation. LPA observed
13	sufficient seven day non-perishable and two day perishable food supplies. Fire extinguishers and smoke
14	detectors are current and in compliance with fire safety. LPA notes the facility had the required carbon
15	monoxide detectors. First aid kit was checked and is complete. LPA observed centrally stored
16	medications secure from residents.
17	
18	LPA Requested the following documents for facility file: LIC 308 Designation of Facility Responsibility,
19	LIC 500 personnel report, LIC 610E Emergency Disaster Plan, Current Administrator Certificate and
20	Client Roster
21	
22	
23	Per California Code of Regulations, Title 22 there were no deficiencies cited during today's inspection.
24	An exit interview was conducted, and a copy of this report was left at the facility.
25	

NAME OF LICENSING PROGRAM MANAGER: Czarrina A Camilon-Lee
NAME OF LICENSING PROGRAM ANALYST: Kevin Gould

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/26/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/26/2021

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