

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 347001957

Report Date: 03/28/2022

Date Signed: 03/28/2022 01:09:25 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, 520 COHASSET RD., STE. 170 CHICO, CA 95926
FACILITY EVALUATION REPORT	

FACILITY NAME:	SUNRISE ASSISTED LIVING OF FAIR OAKS	FACILITY NUMBER:	347001957
ADMINISTRATOR:	WHALEY, LYNDEE	FACILITY TYPE:	740
ADDRESS:	4820 HAZEL AVE	TELEPHONE:	(916) 863-1499
CITY:	FAIR OAKS	STATE: CA	ZIP CODE: 95628
CAPACITY:	74	CENSUS: 56	DATE: 03/28/2022
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME BEGAN:	11:15 AM
MET WITH:	Joli Defazio, Marketing Director and Katie Nelson, Resident Care Coordinator	TIME COMPLETED:	01:10 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Sabrina Calzada arrived unannounced to conduct a required annual.
2	LPA met with Joli Defazio, Marketing Director, and explained purpose of inspection. Before today's
3	inspection, LPA completed required COVID-19 testing protocols and completed daily assessment and
4	confirmed the facility does not currently have any positive Covid-19 diagnoses. LPA was screened per
5	Covid-19 precautionary measures upon entering the facility. LPA ensured she applied hand sanitizer
6	before entering the facility and the following Personal Protective Equipment (PPE) was worn: KN95
7	mask. The facility is licensed for (74) residents and has a hospice waiver for (14). There are (7)
8	residents currently on hospice.
9	
10	LPA and Marketing Director toured the interior of the facility including the Assisted Living Unit, Memory
11	Care Unit, laundry and maintenance areas, staff break room, guest restrooms, bathtique, and common
12	areas including the lobby area. In areas toured, LPA observed the facility to be clean, safe and in good
13	repair and to not pose a health and safety risk or personal rights violation. LPA observed paper towels,
14	soap and sanitizer in restrooms and trash cans (5) with a lid will arrive tomorrow. Facility to re-post
15	hand-washing posters at every sink, including staff break room and restrooms. Inside temperature was
16	observed to be 73* F. Fire extinguishers last serviced 9/23/2021. Staff and resident vaccination status
17	was discussed as well as visitation protocols per PIN 22-07 issued 2/7/2022. Vaccination cards and test
18	results are inputted into the Point Click Care system. LPA observed all staff to be wearing surgical
19	masks. PPE supplies are sufficient as well as Covid testing supplies.
20	
21	LPA requested an updated copy current liability insurance during today's inspection by 3/31/2022.
22	
23	
24	
25	There were no deficiencies observed during today's inspection.
	Exit interview. Copy of report left at facility.

NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty

NAME OF LICENSING PROGRAM ANALYST: Sabrina Calzada

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 03/28/2022

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 03/28/2022

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