

Department of

SOCIAL SERVICES

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 | | |
| 22 | 3/31/2022. | | |
| 23 | | | |
| 24 | There were no deficiencies observed during today's inspection. | | |
| 25 | | | |
| 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.