

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 347004346

Report Date: 07/20/2021

Date Signed: 07/20/2021 03:07:21 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 CARMICHAEL	FACILITY NUMBER:	347004346
ADMINISTRATOR:	JOSEF DUNHAM	FACILITY TYPE:	740
ADDRESS:	5451 FAIR OAKS BLVD	TELEPHONE:	(916) 485-4500
CITY:	CARMICHAEL	STATE: CA	ZIP CODE: 95608
CAPACITY:	66	CENSUS: 41	DATE: 07/20/2021
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME BEGAN:	12:45 PM
MET WITH:	Davina Barker, Executive Director	TIME COMPLETED:	03:20 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Praveen Singh arrived at the facility unannounced to conduct a
2	Required 1- Year Inspection utilizing the infection control domain. LPA met with Executive Director
3	Davina Barker (ED), and explained the purpose of the visit. Prior to initiating the annual inspection, LPA
4	completed required COVID-19 testing protocols, and a daily self-screening questionnaire for symptoms
5	of COVID-19 infection to affirm no COVID-19 related symptoms and contacted licensee and completed
6	a facility risk assessment. LPA ensured she applied hand sanitizer before entering the facility and the
7	following Personal Protective Equipment (PPE) was worn: surgical mask. Additionally, LPA was
8	screened by facility staff upon entering the facility.
9	
10	LPA and ED toured facility together to ensure health and safety of residents in care. Areas toured
11	included but were not limited to: Second Floor - seven (7) Life Skill Stations/common areas, dining area,
12	two (2) resident bedrooms and bathrooms, and patio; First Floor - five (5) common areas, two (2)
13	resident bedrooms and bathrooms, kitchen, dining area, and patio. In the areas toured no immediate
14	health, safety, or personal rights violations were observed.
15	
16	LPA and ED completed the infection control domain and facility was found to be in substantial
17	compliance at this time.
18	
19	No deficiencies are being cited as a result of today's inspection. Exit interview conducted and copy of
20	report left at the facility.
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NAME OF LICENSING PROGRAM MANAGER: Laura Munoz

NAME OF LICENSING PROGRAM ANALYST: Praveen Singh

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 07/20/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/20/2021

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