

Department of

# SOCIAL SERVICES

*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	
<b>FACILITY EVALUATION REPORT</b>			
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
<b>NARRATIVE</b>			
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.		
21			
22			
23			
24			
25			
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.**