

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 347005251

Report Date: 07/26/2021

Date Signed: 07/27/2021 08:24:42 AM

**Document Has Been Signed on 07/27/2021 08:24 AM - It Cannot Be Edited**

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: ATRIA CARMICHAEL OAKS		FACILITY NUMBER:	347005251
ADMINISTRATOR: HAGEN, KIMBERLY		FACILITY TYPE:	740
ADDRESS: 8350 FAIR OAKS BLVD		TELEPHONE:	(916) 944-2323
CITY: CARMICHAEL	STATE: CA	ZIP CODE:	95608
CAPACITY: 95	CENSUS: 83	DATE:	07/26/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	04:14 PM
MET WITH: Kimberly Hagen		TIME COMPLETED:	05:00 PM
<b>NARRATIVE</b>			
1	Licensing Program Analyst (LPA) Williams arrived at the facility unannounced on 07/26/2021 to conduct		
2	a Required 1- Year Inspection utilizing the infection control domain. LPA met with Administrator, Kimberly		
3	Hagen, and explained the purpose of the visit. Prior to initiating the annual inspection, LPA completed		
4	required COVID-19 testing protocols, and a daily self-screening questionnaire for symptoms of COVID-		
5	19 infection to affirm no COVID-19 related symptoms and contacted licensee and completed a facility		
6	risk assessment. LPA ensured he applied hand sanitizer before entering the facility and the following		
7	Personal Protective Equipment (PPE) was worn: surgical mask. Additionally, LPA was screened by		
8	facility staff upon entering the facility.		
9			
10	LPA and staff toured facility together to ensure health and safety of residents in care. Areas toured		
11	include but are not limited to: common areas, resident bedrooms, bathrooms, kitchen, and backyard. In		
12	the areas toured no immediate health, safety, or personal rights violations were observed. LPA and		
13	administrator completed the infection control domain and facility was found to be in substantial		
14	compliance at this time.		
15			
16	No deficiencies are being cited as a result of today's inspection.		
17			
18	Exit interview conducted and copy of report left at the facility.		
19			
20			
21			
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Anthony Perez			
NAME OF LICENSING PROGRAM ANALYST: Jacob Williams			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/26/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/26/2021

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