

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 347005251

Report Date: 07/26/2021

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

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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 | |

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|----------------|-----------------------|-------------------------|------------------|
| 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 |

| NARRATIVE | |
|------------------|--|
| 1 | Licensing Program Analyst (LPA) Williams arrived at the facility unannounced on 07/26/2021 to conduct a Required 1- Year Inspection utilizing the infection control domain. LPA met with Administrator, Kimberly Hagen, and explained the purpose of the visit. Prior to initiating the annual inspection, LPA completed required COVID-19 testing protocols, and a daily self-screening questionnaire for symptoms of COVID-19 infection to affirm no COVID-19 related symptoms and contacted licensee and completed a facility risk assessment. LPA ensured he applied hand sanitizer before entering the facility and the following Personal Protective Equipment (PPE) was worn: surgical mask. Additionally, LPA was screened by facility staff upon entering the facility. |
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| 10 | LPA and staff toured facility together to ensure health and safety of residents in care. Areas toured include but are not limited to: common areas, resident bedrooms, bathrooms, kitchen, and backyard. In the areas toured no immediate health, safety, or personal rights violations were observed. LPA and administrator completed the infection control domain and facility was found to be in substantial compliance at this time. |
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| 16 | No deficiencies are being cited as a result of today's inspection. |
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| 19 | Exit interview conducted and copy of report left at the facility. |
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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.