

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 347005251
Report Date: 06/11/2024
Date Signed: 06/11/2024 04:30:53 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
FACILITY EVALUATION REPORT	

FACILITY NAME:	ATRIA CARMICHAEL OAKS	FACILITY NUMBER:	347005251
ADMINISTRATOR/DIRECTOR:	DAVIS, KAYLA	FACILITY TYPE:	740
ADDRESS:	8350 FAIR OAKS BLVD	TELEPHONE:	(916) 944-2323
CITY:	CARMICHAEL	STATE:	CA
CAPACITY:	95	ZIP CODE:	95608
TYPE OF VISIT:	Required - 1 Year	CENSUS:	68
		DATE:	06/11/2024
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	11:15 AM
MET WITH:	Kayla Davis, Executive Director	TIME VISIT/INSPECTION COMPLETED:	04:40 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Angela Hood arrived at the facility unannounced on 6/11/24 and met
2	with the Executive Director, Kayla Davis, to conduct a Required-1 Year Inspection.
3	
4	LPA conducted an inspection of the care home to ensure compliance with Title 22 regulations. LPA
5	observed four (4) bedrooms in assisted living, one (1) bedroom in memory care, two (2) shower rooms,
6	and common area bathrooms. LPA observed apartments to be properly furnished, with appropriate
7	bedding and lighting. The bathrooms were in sanitary condition, properly maintained, and the hot water
8	temperature was observed to be 109.2 degrees F.
9	
10	LPA checked the kitchen area for the ability to prepare and store food. Care home has required (2) two-
11	day perishable and (7) seven-day non-perishable food supply on hand. LPA observed knives, cleaning
12	products and other toxins to be locked away and inaccessible to residents. LPA observed the outdoor
13	area and perimeter of the care home to be free of clutter and debris and there appeared to be no
14	potential safety hazards to the residents in care. Smoke and carbon monoxide detectors are operational.
15	Fire extinguishers and first aid kits are maintained and ready for emergency use.
16	
17	LPA checked medication storage and found medications to be locked away and inaccessible to the
18	residents. LPA reviewed six (6) resident files and also reviewed six (6) staff files.
19	
20	
21	As a result of this visit, no deficiencies were cited per California Code of Regulations, Title 22. Exit
22	interview conducted and copy of report provided.
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty

NAME OF LICENSING PROGRAM ANALYST: Angela Hood

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/11/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/11/2024

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