

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 390314809

Report Date: 02/09/2021

Date Signed: 02/09/2021 03:08:14 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, 2525 NATOMAS PARK DR. STE.270 SACRAMENTO, CA 95833
FACILITY EVALUATION REPORT	

FACILITY NAME: O'CONNOR WOODS ASSISTED LIVING	FACILITY NUMBER: 390314809
ADMINISTRATOR:LEAL-MALLETE, PENNY	FACILITY TYPE: 741
ADDRESS: 3334 WAGNER HEIGHTS RD	TELEPHONE: (209) 956-3400
CITY: STOCKTON	STATE: CA ZIP CODE: 95209
CAPACITY: 499	CENSUS: 324 DATE: 02/09/2021
TYPE OF VISIT: Case Management - Deficiencies	UNANNOUNCED TIME BEGAN: 02:45 PM
MET WITH: Telephone Call -Administrator - Dawn Shimel Due to COVID-19 Precautions	TIME COMPLETED: 03:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Ruth Wallace contacted the facility on this day via telephone to
2	conduct a Case Management - Deficiency Visit. This visit was conducted by telephone lieu of a physical
3	visit due to the current COVID-19 precautions. LPA spoke with Administrator (AD) Dawn Shimel and
4	explained the purpose of the visit.
5	
6	There have been two unsubstantiated complaints concluded on 2/14/20 and 10/14/20 with allegations
7	that facility did not safeguarding residents' personal belongings. During the investigations LPA's have
8	determined the Policy For Theft/Loss for residents belongings and the inventory sheet were not
9	completed properly for the time period residents were in facility.
10	
11	As a result of today's case management, one deficiency is cited on the attached 809-D page. Deficiency
12	issued in accordance with Health and Safety Code and/or California Code of Regulations Title 22.
13	
14	An exit interview was conducted with Administrator and a copy of this report was provided to
15	Administrator via email. An electronic response from Administrator confirms receipt of this report.
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NAME OF LICENSING PROGRAM MANAGER: Stephen Richardson

NAME OF LICENSING PROGRAM ANALYST: Ruth Wallace

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 02/09/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 02/09/2021

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

LIC809 (FAS) - (06/04)

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Created By: Ruth Wallace On 02/09/2021 at 01:06 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
, 2525 NATOMAS PARK DR. STE.270
SACRAMENTO, CA 95833

FACILITY NAME: O'CONNOR WOODS ASSISTED LIVING**FACILITY NUMBER:** 390314809**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 02/09/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)		
Type B 02/23/2021 Section Cited	<p>1 87218 (a)(1) Theft and Loss The licensee shall ensure an adequate theft and loss program as specified in Health and Safety Code Section</p> <p>2 4 The initial personal property inventory</p> <p>3 5 shall be completed by the licensee,</p> <p>4 6 and the resident, or the resident's</p> <p>5 7 representative. This requirement was not met as evidenced by:</p>			
	<p>8 Based on interviews and</p> <p>9 documentation obtained by LPA's the</p> <p>10 Licensee did not properly inventory</p> <p>11 the personal property of residents.</p> <p>12 This poses a potential personal rights</p> <p>13 risk to residents in care.</p>	8 9 10 11 12 13 14		
	1 2 3 4 5 6 7			
	1 2 3 4 5 6 7			

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME:

Stephen Richardson

LICENSING EVALUATOR NAME: Ruth Wallace
LICENSING EVALUATOR SIGNATURE:



DATE: 02/09/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/09/2021