

Department of

SOCIAL SERVICES

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:		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.		
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
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	87218 (a)(1) Theft and Loss The licensee shall ensure an adequate theft and loss program as specified in Health and Safety Code Section 1 The initial personal property inventory 2 shall be completed by the licensee, 3 and the resident, or the resident's 4 representative. 5 This requirement was not met as 6 evidenced by: 7		
	8 Based on interviews and 9 documentation obtained by LPA's the 10 Licensee did not properly inventory 11 the personal property of residents. 12 This poses a potential personal rights 13 risk to residents in care. 14	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