

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 392700366

Report Date: 07/07/2021

Date Signed: 07/19/2021 04:28:46 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: COMMONS AT UNION RANCH, THE	FACILITY NUMBER: 392700366
ADMINISTRATOR: MAUREEN BRADLEY	FACILITY TYPE: 740
ADDRESS: 2241 N UNION ROAD	TELEPHONE: (209) 463-9100
CITY: MANTECA	STATE: CA
CAPACITY: 135	ZIP CODE: 95336
TYPE OF VISIT: Required - 1 Year	CENSUS: 95
MET WITH: Tracy Freudentahl	DATE: 07/07/2021
	UNANNOUNCED TIME BEGAN: 10:00 AM
	TIME COMPLETED: 12:30 PM

NARRATIVE	
1	Unannounced annual visit made out to this facility by LPAs Charlie Yang and Tirzah Hubbard on
2	07/07/2021 who were met by the Interim Executive Director Tracy Freudentahl. Brief interview was
3	conducted with the Interim Executive Director.
4	Current census was 95 residents. It was learned that this facility does have (9) residents under hospice
5	care at this time. This facility is licensed to accept and retain up to (15) residents under hospice at any
6	given time.
7	Tour of this facility was conducted.
8	Common areas were toured. Dining room, living areas, and all other areas designated for resident use
9	were toured. Furniture and furnishings were observed to be sufficient and in good repair at this time.
10	A sample of the resident bedrooms was conducted. Furniture and furnishings were observed to be
11	sufficient and able to meet the needs of the residents at this time.
12	A sample of the resident restrooms was conducted. Grab bars and non skid mats/surfaces were
13	observed to be present and in good repair at this time.
14	Hot water temperatures were taken and measured to make sure that they were within the allowed range
15	of 105-120 degrees.
16	Laundry areas were toured. Detergents, bleach, and cleaning agents were observed to be locked and
17	made inaccessible to the residents at this time.
18	Linen closets were supplied with the necessary linens, blankets, and sheets sufficient to meet the needs
19	of the residents.
20	Memory care unit, Connections For Living, was toured. A sample of the resident bedrooms and
21	restrooms were toured. A tour of the enclosed courtyard was conducted.
22	Medication rooms were toured. Policies and procedures related to accepting, dispensing and
23	documentation of the resident medications were discussed with facility personnel at this time.
24	Kitchen area was toured. Food storage units were toured. A brief interview was conducted with the
25	Director of Food Services. A review of the facility 2-day perishable and 7-day non perishable food
	quantities was conducted.

NAME OF LICENSING PROGRAM MANAGER: Stephenie Doub
NAME OF LICENSING PROGRAM ANALYST: Charlie Yang

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/07/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/07/2021

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

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 (Cont)

FACILITY NAME: COMMONS AT UNION RANCH, THE

FACILITY NUMBER: 392700366

VISIT DATE: 07/07/2021

NARRATIVE

- 1 First aid kit was observed to be present and contained all of the necessary components at this time.
- 2 A tour of the exterior grounds was conducted. A review of the perimeter fence, side gates, and exterior
- 3 exits was conducted.
- 4 Fire extinguishers, located throughout the facility, were observed to have been annually inspected on
- 5 04/13/2021 by the local fire extinguisher company Padilla's Fire Protection.
- 6 This facility was requested to go ahead and update the following forms at this time and to submit them
- 7 into CCL:
- 8
- 9 LIC 308
- 10 LIC 400
- 11 LIC 500
- 12 LIC 610
- 13
- 14 There were no deficiencies observed or cited during today's annual visit.
- 15
- 16 Exit Interview
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NAME OF LICENSING PROGRAM MANAGER: Stephenie Doub

NAME OF LICENSING PROGRAM ANALYST: Charlie Yang

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/07/2021

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/07/2021