

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 392700475

Report Date: 08/16/2021

Date Signed: 08/16/2021 11:16:52 AM

Document Has Been Signed on 08/16/2021 11:16 AM - **It Cannot Be Edited**

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:	OAKS AT INGLEWOOD ASSISTED LIVING, THE	FACILITY NUMBER:	392700475
ADMINISTRATOR:	WRIGHT, DIANE	FACILITY TYPE:	740
ADDRESS:	6725 INGLEWOOD AVE	TELEPHONE:	(209) 957-6257
CITY:	STOCKTON	STATE: CA	ZIP CODE: 95207
CAPACITY:	86	CENSUS: 66	DATE: 08/16/2021
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED TIME BEGAN:	08:50 AM
MET WITH:	Blaine Lyons	TIME COMPLETED:	11:30 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) arrived at 8:50am to conduct a case management visit following an incident report and Elder Abuse Report submitted to the Regional Office (RO) on 8/13/2021. Prior to today's visit LPA contacted Executive Director (ED), Blaine Lyons for COVID screening who confirmed no staff or residents have experiences signs or symptoms of COVID in the past 10 days. Today's census 66.
2	During the visit LPA interviewed residents and staff and reviewed records. LPA reviewed record of one incident where Resident one (R1) and Resident two (R2) engaged in a verbal altercation and R1 grabbed R2 on the right wrist. R2 was observed to have bruising and swelling around the wrist bone.
3	The facility notified Local Law Enforcement, R1 and R2's responsible party, and physician. R1 admitted fault and that they need to keep their hands to themself. R1 and R2 have a known behaviors of arguing including yelling but this was the first physical altercation observed or reported to the facility. R2 was offered and denied transport to hospital. Facility is to follow up with R2's responsible party to coordinate follow up appointment. LPA observed residents' reappraisals note behaviors including yelling and arguing and staff have offered R1 and R2 separte rooms but they do not want to move into separate rooms. ED stated he would be follow up with physician's for medical assessment at the Departments request and reappraise R1 and R2 to note the observation of changes in behaviors of R1. ED stated he is in the process of scheduling a Family Care Conference in regards to R1's behaviors of yelling and aggression.
4	Per the California Code of Regulations, Title 22, Division 6, Chapter 8, no deficiencies observed or cited.
5	Exit interview held, copy of report given.
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NAME OF LICENSING PROGRAM MANAGER: Liza King

NAME OF LICENSING PROGRAM ANALYST: Ashley Boothe

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 08/16/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/16/2021

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