

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 455002743
Report Date: 12/07/2021
Date Signed: 12/07/2021 01:55:55 PM

Document Has Been Signed on 12/07/2021 01:55 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		CCLD Regional Office, 520 COHASSET RD., STE. 170	
		CHICO, CA 95926	
FACILITY NAME: OAKMONT OF REDDING		FACILITY NUMBER:	455002743
ADMINISTRATOR: BOWER, LORENE		FACILITY TYPE:	740
ADDRESS: 2150 BECHELLI LANE		TELEPHONE:	(530) 395-5900
CITY: REDDING	STATE: CA	ZIP CODE:	96002
CAPACITY: 140	CENSUS: 91	DATE:	12/07/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN:		01:32 PM
MET WITH: Lorene Bower, Administrator	TIME COMPLETED:		02:45 PM

NARRATIVE	
1	On 12/07/2021 Licensing Program Analysts (LPA) Misty Valencia arrived at the facility announced to
2	conduct a Required-1 Year Inspection utilizing the infection control domain, LPA met with Lorene Bower,
3	Administrator and explained the purpose of the visit. Prior to initiating the annual inspection, LPA
4	completed required COVID-19 testing protocols, and a daily self-screening questionnaire for symptoms
5	of COVID-19 infection to affirm no COVID-19 related symptoms; contacted Administrator and completed
6	a facility risk assessment. LPA ensured they applied hand sanitizer before entering the facility and the
7	following Personal Protective Equipment (PPE) was worn N95 Mask. Additional LPA was screen at the
8	front door before entering the facility.
9	
10	LPA Valencia and Ms Bower toured facility together to ensure health and safety of residents in care.
11	Areas toured include but are not limited to common areas, two (2) resident bedrooms, two (2)
12	bathrooms, kitchen, and storage areas. In the areas toured no immediate health, safety, or personal
13	rights violations were observed. LPA Valencia and Ms BOWER completed the infection control domain
14	and facility was found to be in substantial compliance at this time.
15	
16	No deficiencies are being cited as a result of todays inspection. Copy of the report emailed to Ms Bower,
17	Administrator.
18	
19	
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty
NAME OF LICENSING PROGRAM ANALYST: Misty Valencia

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/07/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/07/2021

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