

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 455002743
Report Date: 03/08/2023
Date Signed: 03/08/2023 11:51:50 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, , CA
FACILITY EVALUATION REPORT	

FACILITY NAME: OAKMONT OF REDDING	FACILITY NUMBER: 455002743
ADMINISTRATOR: SLINKARD, KAREN	FACILITY TYPE: 740
ADDRESS: 2150 BECHELLI LANE	TELEPHONE: (530) 395-5900
CITY: REDDING	STATE: CA
CAPACITY: 140	ZIP CODE: 96002
TYPE OF VISIT: Required - 1 Year	CENSUS: 95
MET WITH: Karen Slinkard - Administrator	DATE: 03/08/2023
	UNANNOUNCED TIME BEGAN: 08:30 AM
	TIME COMPLETED: 12:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Ruth Wallace conducted unannounced Required 1 Year Inspection
2	Visit, LPA met with Administrator and explained the purpose of the visit. Prior to initiating the annual
3	inspection, LPA ensured they applied hand sanitizer before entering the facility and the following
4	Personal Protective Equipment (PPE) surgical mask was worn.
5	
6	LPA Wallace and administrator toured facility together to ensure health and safety of residents in care.
7	Areas toured include but are not limited to common areas, two (2) resident bedrooms, two (2)
8	bathrooms, kitchen, and storage areas. In the areas toured no immediate health, safety, or personal
9	rights violations were observed. LPA and administrator completed the full care tool and facility was found
10	to be in substantial compliance at this time. There are currently five (5) residents on hospice.
11	LPA observed Hot water temperature was measured at 106.5 degrees Fahrenheit in resident bathroom
12	sink, which is within the required regulation of 105 to 120 degrees Fahrenheit. Fire Extinguishers were
13	inspected on 6/1/2022 and in compliance. Smoke and carbon monoxide detectors are in compliance
14	with fire safety. LPA observed centrally stored medications locked up in medication rooms. LPA reviewed
15	five (5) resident and five (5) staff files, including criminal record clearances. LPA reviewed Fingerprint
16	clearance and associations to the facility. First aid kit was checked and is complete.
17	
18	LPA received the following updated documents on today's date:
19	LIC 308 - Designation of Administrator, LIC 610-E - Emergency Disaster Plan, Administrator Certificate,
20	and Liability Insurance.
21	
22	No deficiencies are being cited as a result of today's inspection.
23	
24	
25	Exit interview and copy of the report left with Administrator.

NAME OF LICENSING PROGRAM MANAGER: Stephen Richardson NAME OF LICENSING PROGRAM ANALYST: Ruth Wallace
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/08/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/08/2023

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