

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 455002959

Report Date: 11/02/2022

Date Signed: 11/02/2022 11:46:15 AM

Document Has Been Signed on 11/02/2022 11:46 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CHICO - RESIDENTIAL, 520 COHASSET RD., STE. 170 CHICO, CA 95926
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: SUNDIAL ASSISTED LIVING	FACILITY NUMBER: 455002959
ADMINISTRATOR: OGDEN, TREVOR	FACILITY TYPE: 740
ADDRESS: 395 HILLTOP DRIVE	TELEPHONE: (530) 241-2900
CITY: REDDING	STATE: CA
CAPACITY: 65	ZIP CODE: 96003
TYPE OF VISIT: Prelicensing	CENSUS: 24
MET WITH: Amber Buxton Administrator and Christopher Labra, LVN	DATE: 11/02/2022
	UNANNOUNCED TIME BEGAN: 09:30 AM
	TIME COMPLETED: 12:00 PM

NARRATIVE	
1	11/02/2022 Licensing Program Analyst (LPA) Shannon Diegoruelas, arrived
2	at the facility unannounced to conduct a pre-licensing inspection. LPA met
3	with Christopher Labra, LVN and Amber Buxton, Administrator and
4	explained the purpose of the visit. Prior to initiating the pre-licensing
5	inspection, LPA completed required COVID-19 daily self-screening for
6	symptoms of COVID-19 infection to affirm no COVID-19 related symptoms.
7	LPA contacted facility and completed a facility risk assessment. LPA
8	ensured they applied hand sanitizer before entering the facility and the
9	following Personal Protective Equipment (PPE) was worn: Surgical mask.
10	Additionally, LPA was screened by facility staff.
11	
12	LPA, LVN, and Administrator completed the pre-licensing inspection tool
13	domain, and the facility was found to be in substantial compliance. LPA and
14	LVN conducted a walk-through of the facility and ensured all physical plant
15	requirements.
16	
17	Component III was conducted and completed with Administrator and LVN.
18	LPA will notify CAB that the facility is ready for licensing.
19	
20	Exit interview conducted and copy of report was provided to Administrator
21	
22	
23	
24	
25	

**NAME OF LICENSING PROGRAM MANAGER:** Maribeth Senty  
**NAME OF LICENSING PROGRAM ANALYST:** Shannon Diegoruelas  
**LICENSING PROGRAM ANALYST SIGNATURE:**  
 **DATE:** 11/02/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**  
 **DATE:** 11/02/2022

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