

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486803806

Report Date: 08/04/2021

Date Signed: 08/04/2021 10:29:29 AM

Document Has Been Signed on 08/04/2021 10:29 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, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928	
FACILITY EVALUATION REPORT			
FACILITY NAME: VILLAGE AT RANCHO SOLANO ASSISTED LIVING, THE		FACILITY NUMBER: 486803806	
ADMINISTRATOR: HALL, JAMES		FACILITY TYPE: 740	
ADDRESS: 3350 CHERRY HILLS COURT		TELEPHONE: (707) 425-3588	
CITY: FAIRFIELD		STATE: CA ZIP CODE: 94534	
CAPACITY: 250		CENSUS: 135 DATE: 08/04/2021	
TYPE OF VISIT: Case Management - Other		UNANNOUNCED TIME BEGAN: 09:00 AM	
MET WITH: Noma Malik		TIME COMPLETED: 10:45 AM	
NARRATIVE			
1	At approximately 9:00AM, Licensing Program Analyst (LPA) Chris Arnhold arrived at this facility,		
2	unannounced, to conduct a case management visit to inspect completed renovations at the facility. LPA		
3	met with Executive Director Noma Malik and toured the second floor of the building. This section of the		
4	building was formally used as assisted living apartments and was converted to provide memory care		
5	support. LPA inspected each room. There were 8 of 26 rooms that will require additional time to		
6	complete, but can be secured from resident access. Water temperature was tested and found to be		
7	within regulation, between 105 and 120 degrees F. There was a carbon monoxide detector in each		
8	resident room, which were tested and in working order. The rooms did not contain the required		
9	furnishings, but facility has them available if the resident does not provide their own. The fire sprinkler		
10	system was being inspected for its annual inspection during this visit. This section of the building has		
11	been approved for delayed egress by the Fire Marshal. A fire Clearance has been received. Facility has		
12	a main kitchen that provides food for the building.		
13	This renovated section is ready for resident use.		
14			
15	No citations issued.		
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers			
NAME OF LICENSING PROGRAM ANALYST: Christopher Arnhold			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/04/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/04/2021

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