

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 486803806

Report Date: 08/04/2021

Date Signed: 08/04/2021 10:29:29 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, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
<b>FACILITY EVALUATION REPORT</b>	

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, unannounced, to conduct a case management visit to inspect completed renovations at the facility. LPA met with Executive Director Noma Malik and toured the second floor of the building. This section of the building was formally used as assisted living apartments and was converted to provide memory care support. LPA inspected each room. There were 8 of 26 rooms that will require additional time to complete, but can be secured from resident access. Water temperature was tested and found to be within regulation, between 105 and 120 degrees F. There was a carbon monoxide detector in each resident room, which were tested and in working order. The rooms did not contain the required furnishings, but facility has them available if the resident does not provide their own. The fire sprinkler system was being inspected for its annual inspection during this visit. This section of the building has been approved for delayed egress by the Fire Marshal. A fire Clearance has been received. Facility has a main kitchen that provides food for the building. This renovated section is ready for resident use.
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15	No citations issued.
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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.**