

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 11/05/2021

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

DATE: 11/05/2021

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 2525 NATOMAS PARK DR.
STE.270
SACRAMENTO, CA 95833**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** STRATFORD AT BEYER PARK, THE**FACILITY NUMBER:** 507002509**VISIT DATE:** 11/05/2021**NARRATIVE**

1 LPA observed resident in Memory Care participating in activities. LPA observed residents in
2 Memory Care in living room engaged with caregiver.
3
4
5 64 staff of which 62 vaccinated, the remaining 2 unvaccinated due to personal reasons.
6 67 residents of which 66 are vaccinated. LPA reviewed 10 staff files, all are complete. LPA
7 reviewed 5 resident files in Assisted Living and 5 resident files in Memory Care. All files
8 complete.
9
10
11 LPA observed sufficient 7 days non-perishable and 2 days perishable food supplies.. Hot
12 water temperature measured 105 degrees in residents bathroom with the AD which is in
13 required range of 105 to 120 degrees.
14
15 Last Fire/Disaster Drill conducted on 9/21/2021. ANSUL system dated 7/9/21. Kitchen
16 extinguisher dated 12/14/20. Fire extinguishers throughout facility dated 10/12/21.
17 LPA and AD observed centrally stored medications in both Assisted Living and Memory
18 Care Med rooms. LPA observed facility utilizing EMAR system and confirmed the facility
19 has a backup system. LPA observed LIC 622 complete and confirmed proper intake, disposal
20 practices are conducted. LPA observed all medications locked.
21
22
23 Administrator Certificate valid until 4/30/2023.
24
25
26 Per California Code of Regulations, Title 22 Division 6, Chapter 8, NO deficiencies are being
27 cited today in violation of California Code of Regulations. Exit interview held with AD and a
28 copy of report provided.
29
30
31
32

NAME OF LICENSING PROGRAM MANAGER: Stephenie Doub**NAME OF LICENSING PROGRAM ANALYST:** Arlene D Garcia**LICENSING PROGRAM ANALYST SIGNATURE:**

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