

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 507005604

Report Date: 07/24/2025

Date Signed: 07/24/2025 03:44:24 PM

Document Has Been Signed on 07/24/2025 03:44 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	ASTORIA AT OAKDALE	FACILITY NUMBER:	507005604
ADMINISTRATOR/JACQUELINE HERNANDEZ DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	700 LAUREL AVE	TELEPHONE:	(209) 847-0864
CITY:	OAKDALE	STATE: CA	ZIP CODE: 95361
CAPACITY:	45	CENSUS: 35	DATE: 07/24/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 12:40 PM
MET WITH:	Alexis Alvarez, Administrator	TIME VISIT/INSPECTION	COMPLETED: 03:30 PM

### NARRATIVE

1 On 07/24/2025, Licensing Program Analyst (LPA) Triel Ellen Lindstrom arrived unannounced at the  
2 facility to conduct a required annual inspection. The LPA met with Designated Facility Administrator  
3 (DFA) Alexis Alvarez. The LPA introduced herself, explained the purpose of the visit, and conducted an  
4 interview with the Administrator. The DFA accompanied the LPA on a tour of the facility.  
5  
6 The facility is a one story building that is licensed for forty-five residents. The facility had a hospice  
7 waiver for five. The census was thirty-five at the time of this inspection.  
8  
9 The LPA toured the common areas, including gathering areas, dining rooms, and hallways. These areas  
10 were clean, uncluttered, decorated, and bright with natural light. The LPA observed that these areas  
11 were pest-free and odor-free. There was enough furniture to accommodate all residents for dining, as  
12 well as for spending time with visitors.  
13  
14 The LPA toured the kitchen and interviewed the new Culinary Services Manager. Kitchen staff do a deep  
15 clean monthly. The kitchen was clean and free of grease, food debris, and spills. The facility had a  
16 seven day nonperishable and two day perishable supply of food. Staff took the temperature of food and  
17 drink for every meal and every day of the week to ensure food safety. Temperatures of refrigerators and  
18 freezer interiors were also logged daily and the ambient temperature monitored. The stove hood was  
19 last serviced on May 25, 2025 by AFS Fire1.  
20  
21 The LPA observed resident bedrooms and bathrooms. The bedrooms were clean and had the required  
22 furniture in it. The bathrooms were also clean, odor-free, and had non-slip mats, grab bars, and  
23 modifications as needed to accommodate the rooms' residents. The LPA measured the temperature of  
24 the  
25

NAME OF LICENSING PROGRAM MANAGER: Lisa Rios  
NAME OF LICENSING PROGRAM ANALYST: Ellen Lindstrom

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 07/24/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 07/24/2025

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

**FACILITY EVALUATION REPORT** California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

**DEFICIENCIES** A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

**PLANS OF CORRECTION (POCs)** The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

**CORRECTION NOTIFICATION** The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

**CIVIL PENALTIES** The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

**PENALTY NOTICE GIVEN** The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

**APPEAL RIGHTS** The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

**AGENCY REVIEW** The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

**EMAIL REQUIREMENT** Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  COMMUNITY CARE LICENSING DIVISION  SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100  SACRAMENTO, CA 95827</p>
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**FACILITY NAME:** ASTORIA AT OAKDALE

**FACILITY NUMBER:** 507005604

**VISIT DATE:** 07/24/2025

**NARRATIVE**

1	This is page 2 of the report.
2	
3	water in a resident bedroom and it measured at 118 degrees Fahrenheit. The LPA pushed the call button
4	in a resident bathroom and a caregiver responded within four minutes.
5	
6	The LPA toured the Medication Room and interviewed a Med Tech. The facility used an electronic
7	system for tracking medication and care plans. Resident medications were kept in a dedicated, locked
8	room, and in a locked medicine cart when being passed. Medications were separated by resident and
9	stored in their original bottles with intact labels. The Director of Nursing conducts monthly audits of
10	residents' medications. Narcotics were kept in a separate locked area and logged in a binder on paper
11	forms.
12	
13	The LPA toured the grounds. The walkways were free of obstruction. The front, side, and back yards
14	had green grass and many shade trees. The LPA observed shaded seating areas and ornamental decor
15	outside.
16	
17	The LPA interviewed the Maintenance Director. A company called B.I.C serviced the facility's fire
18	suppression system on 07/23/2025, including its sprinkler system, smoke and carbon monoxide
19	detectors, and fire alarms. The LPA observed a work order from 07/23/2025 that confirmed this service.
20	The fire extinguishers are checked
21	
22	The LPA observed residents eating a meal, visiting with each other, and playing bingo.
23	
24	The LPA reviewed three resident files and three staff files. The resident and staff files were organized
25	and contained the required documentation. The staff were First Aid trained and had criminal background
26	clearances.
27	
28	The LPA requested that updated copies of these documents be submitted to Licensing. These
29	documents can be sent to LPA at ellen.lindstrom@dss.ca.gov.
30	
31	
32	

**NAME OF LICENSING PROGRAM MANAGER:** Lisa Rios  
**NAME OF LICENSING PROGRAM ANALYST:** Ellen Lindstrom  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_ **DATE:** 07/24/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 07/24/2025

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  COMMUNITY CARE LICENSING DIVISION  SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100  SACRAMENTO, CA 95827</p>
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## NARRATIVE

- 1 (1) LIC 308 Designation of Facility Responsibility  
 2 (2) Copy of a valid Administrator Certificate  
 3 (3) LIC 610 Emergency Disaster Plan  
 4 (4) Proof of Liability Insurance  
 5 (5) LIC 500 Personnel Report  
 6 (6) LIC 309 Administrative Organization  
 7

8 As a result of this inspection, no deficiencies were cited. The facility was in compliance with California  
 9 Code of Regulations (CCR), Title 22, Division 6.  
 10

11 An exit interview was conducted with the DFA, to whom a copy of this LIC809 report was provided. Their  
 12 signature below confirms receipt of this document.  
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