

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 515000683
Report Date: 12/22/2021
Date Signed: 12/22/2021 11:27:30 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, 520 COHASSET RD., STE. 170 CHICO, CA 95926
FACILITY EVALUATION REPORT	

FACILITY NAME: COURTYARD, THE	FACILITY NUMBER: 515000683
ADMINISTRATOR: PICKARD, CAROL	FACILITY TYPE: 740
ADDRESS: 1240 WILLIAMS WAY	TELEPHONE: (530) 790-3050
CITY: YUBA CITY	STATE: CA
CAPACITY: 80	ZIP CODE: 95991
TYPE OF VISIT: Required - 1 Year	CENSUS: 48
MET WITH: Carol Pickard, Administrator	DATE: 12/22/2021
	UNANNOUNCED TIME BEGAN: 11:01 AM
	TIME COMPLETED: 12:42 PM

NARRATIVE	
1	12/22/2021 11:00 AM Licensing Program Analyst (LPA) Dawn Keane arrived at the
2	facility unannounced to conduct a Required-1 Year Inspection utilizing the infection
3	control domain. LPA met with Carol Pickard, Administrator (AD) and explained the
4	purpose of the visit. Prior to initiating the annual inspection, LPA completed required
5	COVID-19 testing protocols, and a daily self-screening questionnaire for symptoms
6	of COVID-19 infection to affirm no COVID-19 related symptoms. LPA contacted AD
7	and completed a facility risk assessment. LPA ensured they applied hand sanitizer
8	before entering the facility and the following Personal Protective Equipment (PPE)
9	was worn: N95. Additionally, LPA Keane was screened by AD/staff person.
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11	
12	
13	LPA Keane and AD toured facility to ensure health and safety of residents in care.
14	Areas toured include but are not limited to: common areas, two (2) bathrooms, four
15	(4) bedrooms, kitchen, storage areas. In the areas toured no immediate health,
16	safety, or personal rights violations were observed. LPA Keane and the AD
17	completed the infection control domain and facility was found to be in substantial
18	compliance at this time.
19	
20	
21	No deficiencies are being cited as a result of today's inspection.
22	
23	
24	Exit interview conducted and copy of report was given to AD.
25	

NAME OF LICENSING PROGRAM MANAGER: Rayna L Bryson
NAME OF LICENSING PROGRAM ANALYST: Dawn Keane

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/09/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/09/2021

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