

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 515001724  
Report Date: 09/20/2021  
Date Signed: 09/20/2021 11:57:57 AM

Document Has Been Signed on 09/20/2021 11:57 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, 520 COHASSET RD., STE. 170 CHICO, CA 95926
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: GOLDEN YEARS RESIDENTIAL HOME CARE	FACILITY NUMBER: 515001724
ADMINISTRATOR: DEJEU, CLAUDIU	FACILITY TYPE: 740
ADDRESS: 837 ALLEN WAY	TELEPHONE: (530) 822-9463
CITY: YUBA CITY	STATE: CA
CAPACITY: 6	ZIP CODE: 95993
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Claude Dejeu	DATE: 09/20/2021
	UNANNOUNCED TIME BEGAN: 09:15 AM
	TIME COMPLETED: 11:30 AM

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

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 09/20/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/20/2021

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