

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 515002742
Report Date: 12/13/2021
Date Signed: 12/13/2021 12:43:35 PM

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES | |
| FACILITY EVALUATION REPORT | | COMMUNITY CARE LICENSING DIVISION | |
| | | CCLD Regional Office, 520 COHASSET RD., STE. 170 | |
| | | CHICO, CA 95926 | |
| FACILITY NAME: YUBA SUTTER CARE HOME INC. | | FACILITY NUMBER: | 515002742 |
| ADMINISTRATOR:KAUR, RAJVEER | | FACILITY TYPE: | 740 |
| ADDRESS: 920 BOGUE ROAD | | TELEPHONE: | (530) 777-6476 |
| CITY: YUBA CITY | STATE: CA | ZIP CODE: | 95991 |
| CAPACITY: 6 | CENSUS: 5 | DATE: | 12/13/2021 |
| TYPE OF VISIT: Required - 1 Year | UNANNOUNCED | TIME BEGAN: | 11:59 AM |
| MET WITH: RAJVEER Kaur, Administrator | | TIME COMPLETED: | 01:19 PM |

| NARRATIVE | |
|-----------|--|
| 1 | 12/13/2021 at 11:59 AM Licensing Program Analyst (LPA) Dawn Keane |
| 2 | arrived at the facility unannounced to conduct a Required-1 Year Inspection |
| 3 | utilizing the infection control domain. LPA met with Rajveer Kaur, |
| 4 | Administrator (AD) and explained the purpose of the visit. Prior to initiating |
| 5 | the annual inspection, LPA completed required COVID-19 testing protocols, |
| 6 | and a daily self-screening questionnaire for symptoms of COVID-19 |
| 7 | infection to affirm no COVID-19 related symptoms. LPA contacted AD and |
| 8 | completed a facility risk assessment. LPA ensured they applied hand |
| 9 | sanitizer before entering the facility and the following Personal Protective |
| 10 | Equipment (PPE) was worn: N95. Additionally, LPA Keane was screened |
| 11 | by AD/staff person. |
| 12 | LPA Keane and AD toured facility to ensure health and safety of residents |
| 13 | in care. Areas toured include but are not limited to: common areas, three |
| 14 | (3) bathrooms, four (4) bedrooms, kitchen, storage areas. In the areas |
| 15 | toured no immediate health, safety, or personal rights violations were |
| 16 | observed. LPA Keane and the AD completed the infection control domain |
| 17 | and facility was found to be in substantial compliance at this time. |
| 18 | |
| 19 | No deficiencies are being cited as a result of today's inspection. |
| 20 | |
| 21 | Exit interview conducted and copy of report was given to AD. |
| 22 | |
| 23 | |
| 24 | |
| 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.