

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 515002765

Report Date: 08/31/2021

Date Signed: 08/31/2021 11:12:13 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: EMERALD OAKS	FACILITY NUMBER: 515002765
ADMINISTRATOR: BAINS, GURPRIT	FACILITY TYPE: 740
ADDRESS: 2290 FORREST LANE	TELEPHONE: (530) 751-0511
CITY: YUBA CITY	STATE: CA
CAPACITY: 116	ZIP CODE: 95993
TYPE OF VISIT: Case Management - Incident	CENSUS: 59
MET WITH: IVY GARNER	DATE: 08/31/2021
	UNANNOUNCED TIME BEGAN: 11:00 AM
	TIME COMPLETED: 11:30 AM

NARRATIVE	
1	Donna Gurriere, Licensing Program Analyst (LPA) arrived at the facility
2	unannounced to conduct a case management visit regarding an incident.
3	
4	LPA Gurriere completed the required COVID-19 testing protocols, and a daily self-
5	screening questionnaire for symptoms of COVID 19 infection to affirm no COVID-19
6	related symptoms. The administrator/staff person was contacted to complete a
7	facility risk assessment. LPA Gurriere ensured that hand sanitizer was applied before
8	entering the facility and the following Personal Protective Equipment (PPE) was
9	worn: Surgical mask. Additionally, LPA Gurriere was screened by administrator/staff
10	person upon entering the facility.
11	
12	
13	
14	On 05/04/21 it was reported that a resident (Resident 1) had an unwitnessed fall and
15	was found laying on the ground in his room. The resident suffered a head injury and
16	a humeral fracture. The resident was transported to the hospital. Later that day, the
17	resident was returned to the facility. The resident was advised to not use the
18	restroom unless he had supervision. Resident was placed on hospice and then
19	passed away approximately one month later.
20	
21	
22	On 05/16/21 it was reported that a resident (Resident 2) had an unwitnessed fall and
23	was found on the floor in his room. The resident had a laceration on the back of his
24	head. The resident was sent to the hospital and returned later on the same day. The
25	resident did not need sutures and is doing well. The resident is currently on 15
	minute checks.

An exit interview was conducted, and a copy of the report was given to the administrator. No deficiencies cited.

NAME OF LICENSING PROGRAM MANAGER: Rayna L Bryson

NAME OF LICENSING PROGRAM ANALYST: Donna Gurriere

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/31/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/31/2021

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