

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 577000881

Report Date: 12/03/2020

Date Signed: 12/04/2020 10:36:02 AM

Document Has Been Signed on 12/04/2020 10:36 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, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
FACILITY EVALUATION REPORT	

FACILITY NAME: ATRIA COVELL GARDENS	FACILITY NUMBER: 577000881
ADMINISTRATOR: ASHLEE SLOAN	FACILITY TYPE: 740
ADDRESS: 1111 ALVARADO AVE	TELEPHONE: (530) 756-0700
CITY: DAVIS	STATE: CA
CAPACITY: 210	ZIP CODE: 95616
TYPE OF VISIT: Case Management - Other	CENSUS: DATE: 12/03/2020
MET WITH: Ashlee Sloan	UNANNOUNCED TIME BEGAN: 04:05 PM
	TIME COMPLETED: 04:30 PM

NARRATIVE	
1	At approximately 4:05 PM on 12/03/2020 Licensing Program Analyst (LPA)
2	K. Walters contacted Executive Director, Ashlee Sloan (ED) by phone for
3	the purpose of conducting a case management. This complaint was
4	conducted by phone due to COVID – 19 precautions, a facility visit is not
5	able to be conducted at this time.
6	
7	
8	
9	During the course of a complaint investigation, LPA Walters reviewed
10	facility records for R1 and learned that resident’s medication was being
11	crushed by a resident’s private caregiver. Facility assessment indicates that
12	R1 has a caregiver who crushes their medication for them. LPA interviewed
13	staff and other various parties who confirmed that private caregivers were
14	crushing medication for resident, because resident has difficulty
15	swallowing. It was determined that R1 was unable to handle medication on
16	their own and was requiring assistance of their private caregiver, who was
17	not employed by the facility. Therefore the private caregiver was providing
18	care and supervision for R1, which is not allowed by healthy and safety
19	code.
20	
21	
22	Deficiencies cited from the California Code of Regulations, Title 22, Division 6 of California
23	Regulation and/or the Health and Safety Code. (see LIC 809D) Appeal rights given. Failure to
24	correct the deficiency and/or repeat deficiencies within a 12-month period may result in civil
25	penalties. Exit interview conducted and appeal right provided.

NAME OF LICENSING PROGRAM MANAGER: Hope DeBenedetti

NAME OF LICENSING PROGRAM ANALYST: Katrina Walters
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 12/03/2020

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 12/03/2020

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

Created By: Katrina Walters On 12/03/2020 at 03:44 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
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FACILITY NAME: ATRIA COVELL GARDENS **FACILITY NUMBER:** 577000881
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 12/03/2020

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)		
Type A 12/04/2020 Section Cited	1 Health and Safety Code section 2 1569.2(c) "Care and supervision" 3 means the facility assumes 4 responsibility for..ongoing assistance 5 with activities of daily 6 living..Assistance includes assistance 7 with taking medications.. or personal care.			
	8 Based on file review and interviews, 9 the Administrator did not comply with 10 the section cited Private Caregiver 11 assisted R1 with medication, which 12 poses/posed a potential health, 13 safety or personal rights risk to 14 persons in care.	8 9 10 11 12 13 14		
	1 2 3 4 5 6 7			
	1 2 3 4 5 6 7			

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Hope DeBenedetti
LICENSING EVALUATOR NAME: Katrina Walters

LICENSING EVALUATOR SIGNATURE:



DATE: 12/03/2020

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/03/2020