

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 577005341

Report Date: 02/10/2022

Date Signed: 02/10/2022 02:30:35 PM

Document Has Been Signed on 02/10/2022 02:30 PM - It Cannot Be Edited

| | |
|--|--|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405 |
| FACILITY EVALUATION REPORT | |

| | |
|---------------------------------------|----------------------------------|
| FACILITY NAME: CARLTON PLAZA OF DAVIS | FACILITY NUMBER: 577005341 |
| ADMINISTRATOR: MIRIAM FARIS | FACILITY TYPE: 740 |
| ADDRESS: 2726 5TH STREET | TELEPHONE: (530) 564-7002 |
| CITY: DAVIS | STATE: CA |
| CAPACITY: 150 | ZIP CODE: 95618 |
| TYPE OF VISIT: Required - 1 Year | CENSUS: 137 |
| MET WITH: Miraim Faris, Administrator | DATE: 02/10/2022 |
| | UNANNOUNCED TIME BEGAN: 12:00 PM |
| | TIME COMPLETED: 02:30 PM |

| NARRATIVE | |
|-----------|--|
| 1 | Licensing Program Analyst (LPA) Jill Nakagawa conducted an unannounced Annual Required – 1 yr. |
| 2 | Infection Control inspection at Carlton Plaza of Davis on 02/10/22 at approximately 11:50 AM and met |
| 3 | with Administrator Miriam Faris. There were 137 residents present. LPA arrived at the facility and had |
| 4 | temperature checked, screening questions downloaded onto phone (by scanning a QR code which |
| 5 | directs visitor/staff to app) and information then logged. During facility tour with Administrator, facility was |
| 6 | found to be clean and at a comfortable temperature of 74 F with all exits free from obstruction. Several |
| 7 | residents' apartments, common areas, kitchen & food storage areas, Memory Care Unit, and outside |
| 8 | sitting areas were inspected. Fire Extinguishers and Fire Protection System were inspected by Cintas |
| 9 | Fire Protection on 11/24/21. All fire extinguishers in the facility were charged and tested on 12/02/21. |
| 10 | Inspection of the kitchen showed there was a sufficient supply of both perishable and nonperishable |
| 11 | foods as required by Title 22 Regulations. Food stored in the kitchen refrigerator and freezer were |
| 12 | properly stored as per regulations on this day at the time of the visit. Toxins and dangerous items are |
| 13 | stored in laundry room behind locked doors; providing inaccessibility to residents. There was a supply of |
| 14 | cleaners, hygiene products and paper products available for clients. |
| 15 | |
| 16 | Facility has submitted a mitigation program plan that was approved on 02/09/21. There are postings |
| 17 | throughout the facility, including common area bathrooms, illustrating proper handwashing procedures, |
| 18 | along with hand soap and paper towels. The facility provides constant communication with staff, family, |
| 19 | the State, and Yolo County regarding testing and positive cases. The facility is currently testing once a |
| 20 | week due to cases of Covid-19. All staff were observed to be wearing masks, and some, were in masks |
| 21 | and gloves. There were several residents who were on isolation or quarantine, with a station equipped |
| 22 | with PPE and the proper postings regarding proper PPE and Covid-19 Protocols in place. |
| 23 | |
| 24 | There were no deficiencies or citations issued during this inspection. |
| 25 | |
| | Exit interview conducted with Administrator, Miriam Faris. |

| |
|---|
| NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota NAME OF LICENSING PROGRAM ANALYST: Jill Nakagawa |
|---|

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/10/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/10/2022

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