

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079201085

Report Date: 08/02/2021

Date Signed: 08/02/2021 02:42:41 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: OAKMONT OF CONCORD	FACILITY NUMBER: 079201085
ADMINISTRATOR: STICKA, ANGELES	FACILITY TYPE: 740
ADDRESS: 1401 CIVIC COURT	TELEPHONE: (925) 798-4004
CITY: CONCORD	STATE: CA
CAPACITY: 121	ZIP CODE: 94520
TYPE OF VISIT: Prelicensing	CENSUS: 77
MET WITH: Angeles Sticka, Executive Director	DATE: 08/02/2021
	UNANNOUNCED TIME BEGAN: 09:30 AM
	TIME COMPLETED: 02:15 PM

NARRATIVE	
1	On 8/2/2021 at 9:30AM, Licensing Program Analyst (LPA) G. Luk arrived unannounced to conduct a
2	Pre-Licensing inspection. LPA met with Executive Director (ED), Angeles Sticka. The facility's fire
3	clearance was approved for 113 non-ambulatory and 8 bedridden residents.
4	
5	LPA toured facility with ED including but not limited to resident's bedrooms, bathrooms, kitchen, laundry
6	room, activity room, and outdoor area. Resident's rooms were fully furnished and clean. Resident's
7	bathrooms were equipped with grab bars and non-skid mat/material. LPA observed lighting in all rooms.
8	LPA observed facility had a 7-day of non-perishable and 2-day of perishable food supply. Facility has
9	medication carts with locks kept in the med room. Smoke detectors and Carbon Monoxide detectors are
10	interconnected with sprinkler system. First aid kit is complete. LPA measured hot water temperature at
11	112.8 degrees F in resident's bathroom. Indoor and outdoor passageways were free of obstruction. Fire
12	extinguisher was observed to be full and last serviced on 2/11/2021. Emergency disaster plan was
13	completed.
14	
15	The following will need to be completed before recommending licensure to Centralized Application
16	Bureau (CAB):
17	
18	1. LPA observed that S1, S2, S4, S6, S7 did not have current 1st aid training on file.
19	
20	Licensee/applicant will submit proof of corrections to CCL on/before 8/9/2021.
21	
22	
23	
24	
25	LPA's conducted Component III with Licensee during inspection. LPA presented Component III Power Point and discussed the regulations embodied in the presentation.
	Exit interview conducted and a copy of this report provided.

NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal

NAME OF LICENSING PROGRAM ANALYST: Grace Luk

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/02/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/02/2021

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