

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 097005554  
Report Date: 05/13/2021  
Date Signed: 05/13/2021 01:51:21 PM

Document Has Been Signed on 05/13/2021 01:51 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, 520 COHASSET RD., STE. 170 CHICO, CA 95926
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: EL DORADO HILLS SENIOR CARE	FACILITY NUMBER: 097005554
ADMINISTRATOR: DR. BENJAMIN FOULK	FACILITY TYPE: 740
ADDRESS: 2904 TAM O'SHANTER DRIVE	TELEPHONE: (916) 933-0107
CITY: EL DORADO HILLS	STATE: CA
CAPACITY: 6	ZIP CODE: 95762
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Priya Lal, administrator	DATE: 05/13/2021
	UNANNOUNCED TIME BEGAN: 12:45 PM
	TIME COMPLETED: 01:55 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Wolter arrived at the facility unannounced on 05/13/2021 to conduct a
2	Required-1 Year Inspection utilizing the infection control domain, LPA met with administrator, Priya Lal
3	and explained the purpose of the visit. Prior to initiating the annual inspection, LPA completed required
4	COVID-19 testing protocols, and a daily self-screening questionnaire for symptoms of COVID-19
5	infection to affirm no COVID-19 related symptoms and contacted licensee and completed a facility risk
6	assessment. LPA ensured they applied hand sanitizer before entering the facility and the following
7	Personal Protective Equipment (PPE) was worn: N-95 Mask. Additionally, LPA was screened by facility
8	staff upon entry.
9	
10	LPA and administrator toured facility together to ensure health and safety of residents in care. Areas
11	toured include but are not limited to: common areas, brief inspection of five (5) resident bedrooms,
12	shower room, and laundry area. In the areas toured no immediate health, safety, or personal rights
13	violations were observed. LPA and administrator completed the infection control domain and facility was
14	found to be in substantial compliance at this time.
15	
16	No deficiencies are being cited as a result of today's inspection.
17	Exit interview conducted and copy of report left at the facility.
18	
19	Administrator to send in updated copy of LIC 308 - Designation of Facility Responsibility and current
20	copy of Liability Insurance to Community Care Licensing by 05/20/2021.
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22	
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25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Laura Munoz
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Danyle Wolter

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 05/13/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 05/13/2021

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