

## FACILITY EVALUATION REPORT

CCLD Regional Office, 2525 NATOMAS PARK DR., STE 270  
SACRAMENTO, CA 95833

<b>FACILITY NAME:</b> FAIR OAKS ESTATES	<b>FACILITY NUMBER:</b> 347001358
<b>ADMINISTRATOR:</b> PARVEEN SAROAY	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 8845 FAIR OAKS BLVD.	<b>TELEPHONE:</b> (916) 944-2077
<b>CITY:</b> CARMICHAEL	<b>STATE:</b> CA
<b>CAPACITY:</b> 106	<b>ZIP CODE:</b> 95608
<b>TYPE OF VISIT:</b> Annual/Random	<b>CENSUS:</b> 81
<b>MET WITH:</b> Parveen Saroay, Administrator	<b>UNANNOUNCED</b>
	<b>DATE:</b> 04/06/2018
	<b>TIME BEGAN:</b> 08:50 AM
	<b>TIME COMPLETED:</b> 11:40 AM

## NARRATIVE

1 Licensing Program Analyst (LPA) Bethany Huusfeldt arrived announced to complete a pre-licensing  
2 inspection. LPA met with administrator Parveen Saroay. Currently there are 81 residents residing within the  
3 facility. Facility has a hospice waiver for 15 residents and currently there are 7 resident's receiving hospice  
4 care. Fire clearance was granted on 03/21/18 for 106 non-ambulatory clients. Administrator certificate expires  
5 on 03/03/19, #6045572740.  
6

7 Facility was inspected both indoors and outdoors. LPA inspected 4 resident bedrooms, 4 resident bathrooms,  
8 common living areas, and medication room. Outdoor area is free from hazardous debris. There is adequate  
9 shade and seating outdoors. This facility has a memory care unit attached to the assisted living unit. Facility  
10 has a First Aid kit and a locked medication room and carts that store medication. The facility has adequate  
11 lighting throughout. The bedrooms inspected have appropriate furnishings, chair, adequate lighting and  
12 storage. Bathrooms are clean, sanitary, and in good repair. Bathrooms have the required grabbed bars and  
13 bath mats. Hot water temperature was measured at 111 degrees. Fire extinguisher indicator revealed a full  
14 charge. Kitchen is clean sanitary, and in good repair. The kitchen has operable appliances. There is a locked  
15 area for cleaning supplies and toxins. Food supply is adequate for 2-day perishable and 7-day nonperishable.  
16

17 LPA reviewed 6 of 81 resident records and 4 staff records. LPA reviewed medications of one resident  
18 comparing with Centrally Stored Medication Record and physician orders. A review of staff records indicates  
19 that all facility staff has received criminal record clearances and/or are associated to this facility. Staff records  
20 reviewed indicated current first aid certificates and training completed.  
21

22 In the areas that were evaluated, no deficiencies were observed at the time of the visit.  
23

24 Exit interview conducted.  
25

SUPERVISOR'S NAME: Karen Hodgkins

TELEPHONE: (916) 263-4723

LICENSING EVALUATOR NAME: Bethany Huusfeldt

TELEPHONE: 916-591-1072

LICENSING EVALUATOR SIGNATURE:



DATE: 04/06/2018

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/06/2018

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

**FACILITY EVALUATION REPORT**CCLD Regional Office, 2625 NATOMAS PARK DR., STE 270  
SACRAMENTO, CA 95833

<b>FACILITY NAME:</b>	FAIR OAKS ESTATES	<b>FACILITY NUMBER:</b>	347001356
<b>ADMINISTRATOR:</b>	PARVEEN SAROAY	<b>FACILITY TYPE:</b>	740
<b>ADDRESS:</b>	8845 FAIR OAKS BLVD.	<b>TELEPHONE:</b>	(916) 944-2077
<b>CITY:</b>	CARMICHAEL	<b>STATE:</b>	CA
<b>CAPACITY:</b>	106	<b>ZIP CODE:</b>	95608
<b>TYPE OF VISIT:</b>	Annual/Required	<b>CENSUS:</b>	75
<b>MET WITH:</b>	Parveen Saroay, Executive Director	<b>UNANNOUNCED</b>	
		<b>DATE:</b>	12/20/2017
		<b>TIME BEGAN:</b>	10:05 AM
		<b>TIME COMPLETED:</b>	12:40 PM

**NARRATIVE**

1 Licensing Program Analyst (LPA) Erin Sumner conducted an unannounced Required Annual visit to the  
2 facility on 12/20/17 at 10:05 AM. LPA Sumner was met by the Executive Director, Parveen Saroay. LPA  
3 explained that the purpose of the visit was to conduct a required annual inspection. The facility has 75  
4 residents. There are 7 residents on hospice.  
5  
6 LPA Sumner toured the facility inside and outside with Parveen Saroay including but not limited to the kitchen,  
7 resident bedrooms; resident bathrooms, dining area, common areas and outside patio areas. The facility had  
8 the required carbon monoxide detectors. LPA observed the facility to be clean and in good repair. LPA  
9 observed that all rooms are equipped with the required furniture and sufficient lighting throughout the facility.  
10 There are no bodies of water present in the facility at this time. LPA observed sufficient seven day  
11 non-perishable and two day perishable food supplies. LPA observed enough linens for residents in care. Hot  
12 water was measured in a residents room located in memory care. The hot water measured at 111.0 \*F. LPA  
13 tested the hot water in a residents room in Assisted Living. The hot water measured at 112.5\* F which is within  
14 the required range of 105-120\*F.  
15  
16 Fire extinguishers and smoke detectors are current and in compliance with fire safety. The last fire drill was  
17 conducted on 12/15/17. LPA observed centrally stored medications, knives and toxins are kept locked and  
18 inaccessible to clients. The facility does not have a computer system for medications and utilizes a MAR and a  
19 Centrally Stored medication Log. Med Techs also have a communication binder they check for any changes.  
20 LPA reviewed resident and staff files, including criminal record clearances and 1st aid/CPR certificates. A  
21 review of staff records indicates that all facility staff or other individuals who require caregiver background  
22 checks are Fingerprint cleared and associated to the facility. First aid kit was checked and is complete. LPA  
23 reviewed 10 resident files and 10 staff files. Files were complete.  
24  
25 Based on today's visit, Per California Code of Regulations, Title 22 Division 6, Chapter 8, no deficiencies were  
observed today. Exit interview conducted. A copy of this report was left with Parveen Saroay.

**SUPERVISOR'S NAME:** Antoinette Wood**TELEPHONE:** (916) 263-4707**LICENSING EVALUATOR NAME:** Erin Sumner**TELEPHONE:** (916) 214-5020**LICENSING EVALUATOR SIGNATURE:****DATE:** 12/20/2017**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 12/20/2017**This report must be available at Child Care and Group Home facilities for public review for 3 years.**