

FACILITY EVALUATION REPORTCCLD Regional Office, 520 GONZALES RD., STE. 170
CHICO, CA 95926

FACILITY NAME:	FAIR OAKS ESTATES INC	FACILITY NUMBER:	342700333
ADMINISTRATOR:	SAROAY, PARVEEN	FACILITY TYPE:	740
ADDRESS:	8845 FAIR OAKS BLVD	TELEPHONE:	(916) 844-2077
CITY:	CARMICHAEL	STATE:	CA
CAPACITY:	108	CENSUS:	83
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	
MET WITH:	Parveen Saroay	DATE:	10/15/2021
		TIME BEGAN:	09:00 AM
		TIME COMPLETED:	11:00 AM

NARRATIVE

1 Licensing Program Analyst (LPA) Kevin Mknely arrived at the facility unannounced on 10/15/21 to conduct a
2 Required-1 Year Inspection utilizing the infection control domain. LPA met with Administrator and explained
3 the purpose of the visit. Prior to initiating the annual inspection, LPA completed required COVID-19 testing
4 protocols, and a daily self-screening questionnaire for symptoms of COVID-19 infection to affirm no COVID-19
5 related symptoms and contacted licensee and completed a facility risk assessment. LPA ensured they applied
6 hand sanitizer before entering the facility and the following Personal Protective Equipment (PPE) was worn:
7 Surgical Mask. Additionally, LPA were screened by facility staff upon entering the facility. Administrator is
8 present at the facility to conduct an annual inspection.
9

10 LPA toured the interior and exterior of the facility together with staff to ensure health and safety of residents in
11 care. Areas toured include but are not limited to: common areas, resident bedrooms, bathroom, kitchen,
12 break room, med room, memory care and laundry room. In the areas toured no immediate health, safety, or
13 personal rights violations were observed. LPA and Administrator completed the infection control domain and
14 facility was found to be in substantial compliance at this time.
15

16 LPA advised regarding: Fit testing of N-95s, capacity posting for break room, shared rooms identifying
17 resident towels, screening to review 12 Covid-19 symptoms and ensuring disinfection of community shower
18 between residents' use.
19

20 LPA requested: Resident roster, LIC 500, Administrator's Certificate, review signature page of the LIC 610E,
21 current facility sketch and Liability Insurance. Documents to be submitted to LPA via email by 10/22/21.
22

23 No deficiencies are being cited as a result of today's inspection.
24

25 Exit interview conducted and copy of report left at the facility.

SUPERVISOR'S NAME: Maribeth Senty**TELEPHONE:** (916) 263-4813**LICENSING EVALUATOR NAME:** Kevin Mknely**TELEPHONE:** (209) 814-1925**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/15/2021

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

FACILITY NAME:	FAIR OAKS ESTATES INC	FACILITY NUMBER:	342700333
ADMINISTRATOR:	SAROAY, PARVEEN	FACILITY TYPE:	740
ADDRESS:	8845 FAIR OAKS BLVD	TELEPHONE:	(918) 944-2077
CITY:	CARMICHAEL	STATE: CA	ZIP CODE: 95608
CAPACITY:	106	CENSUS: 81	DATE: 01/15/2019
TYPE OF VISIT:	Post Licensing	UNANNOUNCED	TIME BEGAN: 12:10 PM
MET WITH:	SAROAY, PARVEEN	TIME COMPLETED:	03:00 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Ruth Wallace, met with Executive Director Parveen Saroay to conduct Post
 2 Licensing inspection and toured the facility.
 3 The facility currently has 81 residents. The facility has a hospice waiver for 15, there are currently 5 residents
 4 using hospice services.
 5 LPA toured resident rooms, bathrooms, common areas, kitchen, dining room, sun room, outside yard
 6 around the facility. Fire extinguishers are charged. There are no pools on the property. Residents have
 7 access to hygiene supplies, adequate linens, towels, etc. Appropriate lighting is available throughout the
 8 facility. There is a signal/call button system. Hot water temperature registered at 112.3 F in the bathroom
 9 sink. The kitchen area has signs posted caution hot water above sinks and is over the required 120 F.
 10 Kitchen was toured, the facility appears to have adequate supply of 2 days perishable and 7 days
 11 non-perishable supplies. The facility has emergency supplies of food stored away. Potentially dangerous
 12 substances and items are secured. There appears to be adequate staff to meet resident needs at this time.
 13 Delayed egress exits are installed on the memory care section of the facility. LPA reviewed medications and
 14 logs in the medication room. Medication records are kept on the computer system, appear to be accurate.
 15 Medications are centrally stored and locked.
 16 LPA reviewed 8 resident files. Files include signed admission agreements, updated physician reports,
 17 initial assessments, plans. Residents are assisted by professionals from outside agencies such as nursing or
 18 hospice as needed.
 19 LPA reviewed 8 staff files. Staff files include required initial and ongoing training, specific areas include
 20 dementia, client's rights, LGBT issues, and resident care. Staff have criminal record clearance. Med Techs
 21 have required hours of training in Medication Administration. All staff reviewed have current First Aid/CPR
 22 certification. Administrator certificate expires on 03/03/2019 Certificate #6045572740. Administrator appears
 23 to have adequate hours to meet the needs of residents. No prohibited health conditions noted.
 24
 25 The facility appears to be in substantial compliance at this time. Exit interview conducted.

SUPERVISOR'S NAME: Krystall Moore **TELEPHONE:** (916) 263-4707

LICENSING EVALUATOR NAME: Ruth Wallace **TELEPHONE:** (619) 323-4509

LICENSING EVALUATOR SIGNATURE:



DATE: 01/15/2019

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/15/2019

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FACILITY EVALUATION REPORT

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

FACILITY NAME: FAIR OAKS ESTATES	FACILITY NUMBER: 347001358
ADMINISTRATOR: PARVEEN SAROAY	FACILITY TYPE: 740
ADDRESS: 8845 FAIR OAKS BLVD.	TELEPHONE: (916) 944-2077
CITY: CARMICHAEL	STATE: CA
CAPACITY: 106	ZIP CODE: 95608
TYPE OF VISIT: Annual/Random	CENSUS: 81
MET WITH: Parveen Saroay, Administrator	UNANNOUNCED
	DATE: 04/06/2018
	TIME BEGAN: 08:50 AM
	TIME COMPLETED: 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 REPORTCCLD Regional Office, 2626 NATOMAS PARK DR., STE 278
SACRAMENTO, CA 95833

FACILITY NAME:	FAIR OAKS ESTATES	FACILITY NUMBER:	347001356
ADMINISTRATOR:	PARVEEN SAROAY	FACILITY TYPE:	740
ADDRESS:	8845 FAIR OAKS BLVD.	TELEPHONE:	(916) 944-2077
CITY:	CARMICHAEL	STATE:	CA
CAPACITY:	106	ZIP CODE:	95808
TYPE OF VISIT:	Annual/Required	CENSUS:	75
MET WITH:	Parveen Saroay, Executive Director	DATE:	12/20/2017
		UNANNOUNCED	
		TIME BEGAN:	10:05 AM
		TIME COMPLETED:	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: Antonette 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

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FACILITY EVALUATION REPORT

FACILITY NAME:	FAIR OAKS ESTATES	FACILITY NUMBER:	347001356
ADMINISTRATOR:	KRISTIN HENSON	FACILITY TYPE:	740
ADDRESS:	8845 FAIR OAKS BLVD.	TELEPHONE:	(916) 944-2077
CITY:	CARMICHAEL	STATE: CA	ZIP CODE: 95608
CAPACITY:	106	CENSUS:	UNANNOUNCED
TYPE OF VISIT:	Annual/Required	DATE:	02/11/2016
MET WITH:	Enes Jargurdzga,	TIME BEGAN:	08:30 AM
		TIME COMPLETED:	02:00 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Kevin Mknely made an unannounced Annual/Required visit on this date.
 2 LPA toured the facility with Maintenance Director, Enes Jargurdzga while awaiting the arrival of Executive
 3 Director Kristin Henson. LPA explained the purpose of the visit.
 4
 5 Facility is licensed for a total of 106 residents with a Hospice waiver on file for 15 residents. Currently there
 6 are 8 residents on hospice. Facility has delayed egress and a special memory care unit. Currently there are
 7 58 residents in Assisted Living and 18 residents in the Special Memory Care unit. LPA inspected physical
 8 plant with Enes including but not limited to the food service area, dining room, resident bedrooms, resident
 9 bathrooms, activity, laundry room and outside area. LPA observed the facility to be free of odor, clean and in
 10 good repair. LPA observed sufficient furniture and lighting throughout the facility. There are no bodies of water
 11 present in the facility. LPA observed sufficient seven day non-perishable and two day perishable food
 12 supplies. A monthly menu is posted. Hot water temperature was measured at 112.2 degrees Fahrenheit in
 13 resident bathroom sink.
 14
 15 Fire extinguishers and smoke detectors are current and in compliance with the fire safety. LPA observed
 16 centrally stored medications and toxins are kept locked and inaccessible to clients. LPA reviewed a sampling
 17 of resident and staff files, including criminal record clearances. All staff are Fingerprint cleared and associated
 18 to the facility. First aid kit was checked and is complete. Medications were inspected and kept in a centrally
 19 stored locked room. Also, facility has a signal system in place.
 20
 21 Administrator discussed a resident needs issue with this LPA. See LIC 812.
 22
 23 See continuation on LIC809C.
 24
 25

SUPERVISOR'S NAME: Sidney Davis **TELEPHONE:** (916) 263-4743

LICENSING EVALUATOR NAME: Kevin Mknely **TELEPHONE:** (209) 814-1925

LICENSING EVALUATOR SIGNATURE:



DATE: 02/11/2016

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/11/2016

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