

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FACILITY EVALUATION REPORT

CCLD Regional Office, 2525 NATOMAS PARK DRIVE
SACRAMENTO, CA 95833

FACILITY NAME: PALM GARDENS	FACILITY NUMBER: 575001449
ADMINISTRATOR: WITTMAYER, LINDA	FACILITY TYPE: 740
ADDRESS: 240 PALM AVENUE	TELEPHONE: (530) 661-0574
CITY: WOODLAND	STATE: CA
CAPACITY: 100	ZIP CODE: 95695
TYPE OF VISIT: Case Management - Deficiencies	CENSUS: 69
MET WITH: Erik Luna, Assisted Living Director	UNANNOUNCED
	DATE: 11/10/2011
	TIME BEGAN: 09:00 AM
	TIME COMPLETED: 03:40 PM

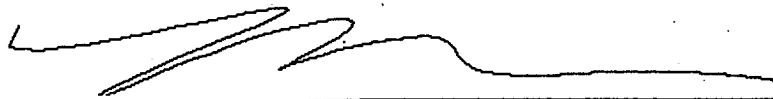
NARRATIVE

1 During a complaint investigation visit, LPA Morgan Gallardo inspected a resident's (See Confidential Names
2 List R3) bedroom that had a fowl urine smell. LPA also observed R3 only wearing a shirt and appeared to just
3 finish urinating in the closet. LPA observed a wet circular ring in the closet.
4
5 Please see the attached 809D for the deficiency cited from Title 22 Regulations. LPA completed an exit
6 interview, explained appeal rights and advised Mr. Luna of the requirement to post all reports and citations per
7 Health & Safety Code Section 1569.38.
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SUPERVISOR'S NAME: George Mabanglo **TELEPHONE:** (916) 263-4832

LICENSING EVALUATOR NAME: Morgan Gallardo **TELEPHONE:** (916) 216-9796

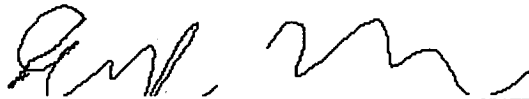
LICENSING EVALUATOR SIGNATURE:



DATE: 11/10/2011

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/10/2011

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

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COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 2525 NATOMAS PARK DRIVE
SACRAMENTO, CA 95833

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: PALM GARDENS

FACILITY NUMBER: 575001449

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/10/2011

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/11/2011 Section Cited 87303(a)	1 BUILDINGS & GROUNDS 2 The facility shall be clean, safe, sanitary and in 3 good repair at all times. LPA smelled a fowl urine 4 odor in a resident's bedroom and observed the 5 resident sitting in his wheelchair (wearing only a 6 shirt) next to the closet with a wet circular ring. 7	1 By the POC Due Date, the facility will have the 2 carpet properly sanitized. By the POC Due Date, 3 the facility will send a copy of the receipt for the 4 shampoo rental or service company. 5 6 7
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	2	2
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	4	4
	5	5
	6	6
	7	7
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: George Mabanglo

TELEPHONE: (916) 263-4832

LICENSING EVALUATOR NAME: Morgan Gallardo

TELEPHONE: (916) 216-9796

LICENSING EVALUATOR SIGNATURE:



DATE: 11/10/2011

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/10/2011

All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CLEARED DEFICIENCIES

CCLD Regional Office, 2525 NATOMAS PARK DRIVE
SACRAMENTO, CA 95833

FACILITY NAME: PALM GARDENS

FACILITY NUMBER: 575001449

VISIT DATE: 11/10/2011

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
11/11/2011 87303(a)	1 2 3 By the POC Due Date, the facility will have the carpet properly 4 sanitized. By the POC Due Date, the facility will send a copy of 5 the receipt for the shampoo rental or service company. 6 7	12/08/2011 1 During today's visit, LPA observed the 2 resident's room which had a portable 3 toilet in the closet and no longer smelled 4 like urine. POC CLEAR
Section Cited	1 2 3 4 5 6 7	1 2 3 4
Section Cited	1 2 3 4 5 6 7	1 2 3 4
Section Cited	1 2 3 4 5 6 7	1 2 3 4