

FACILITY EVALUATION REPORT

Facility Number: 107209370
Report Date: 10/02/2025
Date Signed: 10/02/2025 04:16:22 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SIERRA CASCADE AC/SC, 1314 E SHAW AVE FRESNO, CA 93710	
FACILITY EVALUATION REPORT			
FACILITY NAME: CHATEAU JESADEAN		FACILITY NUMBER: 107209370	
ADMINISTRATOR/ROYCHOUDHURY, MINAKSHI		FACILITY TYPE: 740	
DIRECTOR:			
ADDRESS: 5633 N MAROA AVENUE		TELEPHONE: (559) 499-8229	
CITY: FRESNO		STATE: CA ZIP CODE: 93704	
CAPACITY: 6		CENSUS: 5 DATE: 10/02/2025	
TYPE OF VISIT: Case Management - Deficiencies		UNANNOUNCED TIME VISIT/INSPECTION 04:03 PM	
MET WITH: Administrator Shailesh "Steve" Patel		BEGAN: TIME VISIT/INSPECTION 04:30 PM	
		COMPLETED:	
NARRATIVE			
1	On 10/02/25, Licensing Program Analyst (LPA) M. Yang conducted case management- deficiency visit to		
2	the facility. LPA introduce self, stated the purpose of the visit and met Administrator (A1) Shailesh		
3	"Steve" Patel.		
4			
5	The purpose of the visit is to address incidents that had occurred where R1 went AWOL from the facility		
6	on 09/29/25. Staff was unaware of R1's whereabouts until R1 was found around the corner from the		
7	facility. Therefore, as mentioned, R1 went AWOL from facility. As a result, a deficiency is being cited, per		
8	California Code of Regulations, Title 22, Division 6, see attached Lic 809D. An immediate civil penalty of		
9	\$500.00 was issued, see Lic 421IM. An exit interview was conducted. A copy of this report and appeal		
10	rights was provided to Administrator, whose signature confirms receipt of this report.		
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NAME OF LICENSING PROGRAM MANAGER: See Moua			

NAME OF LICENSING PROGRAM ANALYST: Mai Yang

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/02/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/02/2025

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a

deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

LIC809 (FAS) - (09/23)

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Created By: Mai Yang On 10/02/2025 at 04:04 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: CHATEAU JESADEAN

FACILITY NUMBER: 107209370

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/02/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 10/03/2025 Section Cited	1 87411(a)Facility personnel shall at all 2 times be sufficient in numbers, and 3 competent to provide the services 4 necessary to meet resident needs.... 5 6 This requirement is not met as 7 evidenced by:		
	8 Based on interviews and records 9 review, staff did not provide care and 10 supervision when R1 went AWOL on 11 09/29/25, and facility was not aware 12 until a short period after. R1 went 13 AWOL, which poses/posed an 14 immediate health and safety risks to persons in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 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.

NAME OF LICENSING PROGRAM	See Moua
MANAGER:	
NAME OF LICENSING PROGRAM	Mai Yang
ANALYST:	

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/02/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/02/2025