

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603136

Report Date: 08/25/2021

Date Signed: 08/25/2021 04:18:22 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
FACILITY EVALUATION REPORT	

FACILITY NAME: LE BLEU CHATEAU	FACILITY NUMBER: 198603136
ADMINISTRATOR: SOKOLOWSKI, MICHAEL	FACILITY TYPE: 740
ADDRESS: 1900 GRISMER AVE	TELEPHONE: (818) 843-3141
CITY: BURBANK	STATE: CA
CAPACITY: 100	ZIP CODE: 91504
TYPE OF VISIT: Required - 1 Year	CENSUS: 72
MET WITH: Office manager, Marili Barajas	DATE: 08/25/2021
Administrator, William Boles	UNANNOUNCED TIME BEGAN: 11:00 AM
	TIME COMPLETED: 12:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Angelica Rea conducted an unannounced visit for
2	the purpose of conducting the Required annual inspection. On today's visit LPA met
3	with Office Manager, Marili Barajas who assisted with the visit. Administrator, William
4	Boles arrived at the facility a short time later.
5	
6	
7	LPA Rea discussed infection control practices with Ms. Barajas, toured the facility
8	inside and out, reviewed food supply, reviewed staff files, and reviewed resident
9	medications.
10	
11	
12	Bedrooms have the required furniture including bedframes, dressers, lamps and
13	chairs. Beds have the required linen and the linen is in good condition.
14	Passageways and exits are free of obstruction. The facility courtyards are well
15	maintained. The resident bathrooms are clean and have the required grab bars in
16	the shower and near the toilet for non-ambulatory residents. Showers also have non-
17	skid materials. The hot water temperature measured at 113.3 degrees. The facility
18	temperature at the time the visit was comfortable. There is sufficient lighting
19	throughout the facility. Smoke detectors were tested and are operational.
20	
21	
22	
23	Per California Code of Regulations, Title 22, and California Health and Safety Code,
24	there were no deficiencies observed during the visit. Exit interview held and a copy
25	of the report was provided to Mr. Boles.

NAME OF LICENSING PROGRAM MANAGER: Lisa Hicks NAME OF LICENSING PROGRAM ANALYST: Angelica Rea
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/25/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/25/2021

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