

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 312700813
Report Date: 08/20/2021
Date Signed: 08/20/2021 11:41:21 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 520 COHASSET RD., STE. 170 CHICO, CA 95926
FACILITY EVALUATION REPORT	

FACILITY NAME: BRIGHTON ASSISTED LIVING	FACILITY NUMBER: 312700813
ADMINISTRATOR: PATEL, TEJASVI	FACILITY TYPE: 740
ADDRESS: 4040 WYMAN WAY	TELEPHONE: (510) 290-0487
CITY: ROSEVILLE	STATE: CA
CAPACITY: 6	ZIP CODE: 95747
TYPE OF VISIT: Required - 1 Year	CENSUS: 4
MET WITH: Tejasvi Patel (Admin)	DATE: 08/20/2021
	UNANNOUNCED TIME BEGAN: 09:15 AM
	TIME COMPLETED: 11:45 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Konnor Leitzell arrived at the facility unannounced on 08/20/2021 to
2	conduct a Required-1 Year Inspection utilizing the infection control domain, LPA met with Tejasvi Patel
3	(Admin) and explained the purpose of the visit. Prior to initiating the annual inspection, LPA completed
4	required COVID-19 testing protocols, and a daily self-screening questionnaire for symptoms of COVID-
5	19 infection to affirm no COVID-19 related symptoms; contacted administrator and completed a facility
6	risk assessment. LPA ensured they applied hand sanitizer before entering the facility and the following
7	Personal Protective Equipment (PPE) was worn: N-95 Masks. Additionally, LPA was screened by admin
8	and answers were documented in their visitor screening log.
9	
10	LPA and admin toured facility together to ensure health and safety of residents in care. Areas toured
11	include but are not limited to: common areas, five (5) of five (5) resident bedrooms, three (3) of three (3)
12	bathrooms, kitchen, laundry room, med closet, pantry, staff room garage and backyard. In the areas
13	toured no immediate health, safety, or personal rights violations were observed. LPA and admin
14	completed the infection control domain and facility was found to be in substantial compliance at this
15	time.
16	
17	No deficiencies are being cited as a result of today's inspection.
18	Exit interview conducted and copy of report left at the facility.
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NAME OF LICENSING PROGRAM MANAGER: Troy Ordonez
NAME OF LICENSING PROGRAM ANALYST: Konnor Leitzell

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/20/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/20/2021

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