

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 315002819
Report Date: 01/16/2025
Date Signed: 01/16/2025 12:16:35 PM

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827 |
| FACILITY EVALUATION REPORT | |

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|---|---|
| FACILITY NAME: BRIDGEWAY SENIOR CARE, LLC | FACILITY NUMBER: 315002819 |
| ADMINISTRATOR/JACKSON, SAYEH | FACILITY TYPE: 740 |
| DIRECTOR: | |
| ADDRESS: 313 WORDSWORTH COURT | TELEPHONE: (916) 893-3099 |
| CITY: ROSEVILLE | STATE: CA |
| CAPACITY: 6 | ZIP CODE: 95747 |
| TYPE OF VISIT: Required - 1 Year | CENSUS: 5 |
| | DATE: 01/16/2025 |
| | UNANNOUNCED TIME VISIT/INSPECTION BEGAN: 10:15 AM |
| MET WITH: Chynna Strong, House Manager | TIME VISIT/INSPECTION COMPLETED: 12:25 PM |

| NARRATIVE | |
|-----------|--|
| 1 | Licensing Program Analyst (LPA) Cassandra Mikkelson arrived unannounced to conduct an annual |
| 2 | inspection. LPA met with Chynna Strong during today's inspection. |
| 3 | |
| 4 | LPA conducted an inspection of the care home to ensure compliance with Title 22 regulations. LPA |
| 5 | observed six (6) resident rooms, one (1) staff room, and two (2) common area bathrooms. LPA observed |
| 6 | rooms to be properly furnished, with appropriate bedding and lighting. The bathrooms were in sanitary |
| 7 | condition and properly maintained and water temperature was observed to be 105.1 degrees F. |
| 8 | |
| 9 | LPA checked the kitchen area for the ability to prepare and store food. Care home has required (2) two |
| 10 | day perishable and (7) seven day non-perishable food supply on hand. Smoke detectors and carbon |
| 11 | monoxide detectors are operational in the care home. Fire extinguisher and first aid kit are maintained |
| 12 | and ready for emergency use. LPA checked medication storage and found medications to be locked |
| 13 | away and inaccessible to the residents. |
| 14 | |
| 15 | LPA reviewed five (5) resident files, two (2) staff files and two (2) resident medications. Facility has a |
| 16 | current copy of certificate of liability insurance and LPA requested a copy. |
| 17 | |
| 18 | |
| 19 | As a result of this visit, no deficiencies were cited. Exit interview was conducted with House Manager. |
| 20 | |
| 21 | |
| 22 | |
| 23 | |
| 24 | |
| 25 | |

NAME OF LICENSING PROGRAM MANAGER: Laura Munoz

NAME OF LICENSING PROGRAM ANALYST: Cassandra Mikkelson

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/16/2025

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