

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 317005628
Report Date: 11/10/2020
Date Signed: 11/10/2020 10:12:22 AM

Document Has Been Signed on 11/10/2020 10:12 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 2525 NATOMAS PARK DR. STE.270 SACRAMENTO, CA 95833
FACILITY EVALUATION REPORT	

FACILITY NAME: ESKATON LODGE GRANITE BAY	FACILITY NUMBER: 317005628
ADMINISTRATOR: DELGADO, KIMBERLY (KIM)	FACILITY TYPE: 740
ADDRESS: 8550 BARTON RD	TELEPHONE: (916) 789-0326
CITY: GRANITE BAY	STATE: CA
CAPACITY: 118	ZIP CODE: 95746
TYPE OF VISIT: Case Management - Incident	CENSUS: 92
MET WITH: Dina Jones (Life Enrichment)	DATE: 11/10/2020
	UNANNOUNCED TIME BEGAN: 09:45 AM
	TIME COMPLETED: 10:45 AM

NARRATIVE

1 Licensing Program Analyst (LPA) Konnor Leitzell contacted Dina Jones (Life Enrichment Director)
2 regarding an incident report received by CCLD on 11/2. LPA was informed Kim Delgado is out on leave.
3
4 LPA requested Dina to resubmit the death report due to conflicting dates. LPA requested for staff who
5 found resident to be identified in the Death Report as well. LPA requested Dina to include more detail
6 regarding the the description of "conditions prior to or contributing to death".
7
8 LPA requested the following documents to be submitted to CCLD by COB 11/13/2020 for review:
9
10 • Death Certificate from Chapel of the Valley
11 • Residents 602
12 • Residents Most Recent Care Plan
13 • September and October Charting notes for Resident
14 • Updated LIC624A (Death Report)
15
16
17
18
19
20 LPA thanked Dina for her time and conducted exit interview.
21
22 Report to be signed and returned by COB 11/10/2020. Keep one copy for facility records.
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Troy Ordonez
NAME OF LICENSING PROGRAM ANALYST: Konnor Leitzell

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/10/2020

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/10/2020

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