

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 342700005

Report Date: 11/07/2025

Date Signed: 11/07/2025 04:58:51 PM

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

FACILITY NAME:	REVERE COURT	FACILITY NUMBER:	342700005
ADMINISTRATOR/SMETYUKH, MARINA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(916) 392-3510
ADDRESS:	7707 RUSH RIVER DRIVE	STATE:	CA
CITY:	SACRAMENTO	ZIP CODE:	95831
CAPACITY:	72	CENSUS:	64
TYPE OF VISIT:	Required - 1 Year	DATE:	11/07/2025
		UNANNOUNCED TIME VISIT/INSPECTION	01:00 PM
		BEGAN:	
MET WITH:	Marina Smetyukh	TIME VISIT/INSPECTION	05:00 PM
		COMPLETED:	

### NARRATIVE

1 On 11/7/25 at 1:00pm Licensing Program Analyst (LPA) Kevin Gould arrived at Revere Court for the  
2 purpose of conducting a required 1 year annual inspection. LPA met with Administrator, Marina  
3 Smetyukh and together conducted a tour of the facility. The facility is divided into five (5) buildings, one  
4 (1) administrative building and four (4) residential cottages each with a capacity for eighteen (18)  
5 residents.  
6  
7 LPA and Administrator evaluated the physical plant to ensure the health and safety of the residents in  
8 care. Areas inspected are including but not limited to the kitchens, resident bedrooms; resident  
9 bathrooms, living and dining rooms and outdoor areas. LPA observed the facility to be free of odor, clean  
10 and in good repair. LPA observed that all rooms are equipped with the required furniture and sufficient  
11 lighting throughout the facility. LPA observed facility staff are not disposing of used syringes in  
12 accordance with regulations, LPA observed two syringe disposal locations without the appropriate  
13 container. Per staff statements the location has not been utilized for some time and staff are disposing in  
14 correct location. LPA observed the facility training plan is in need of revision as it does not meet  
15 requirements for 8 hours of training dedicated to dementia. LPA and administrator discussed the facility  
16 signal system.  
17  
18 LPA measured the water temperature in each building, which met the 105-120 degree Fahrenheit  
19 regulation. LPA observed sufficient seven day non-perishable and two day perishable food supplies in  
20 an commercial level kitchen. Fire extinguishers and smoke detectors are current and in compliance with  
21 fire safety. LPA notes the facility had the required carbon monoxide detectors. First aid kit was checked  
22 and is complete. LPA observed centrally stored medications secure from residents.  
23  
24 Per California Code of Regulations, Title 22 the following deficiencies are cited during today's  
25 inspection. An exit interview was conducted, and a copy of this report and appeal rights were left at the  
facility.

NAME OF LICENSING PROGRAM MANAGER: Czarrina A Camilon-Lee

**NAME OF PROGRAM ANALYST:** Kevin Gould  
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/07/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/07/2025

**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

**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.

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**Created By: Kevin Gould On 11/07/2025 at 04:42 PM**  
**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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**FACILITY NAME:** REVERE COURT

**FACILITY NUMBER:** 342700005

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 11/07/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87303(f)(2)</b>	
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**Maintenance and Operation**

(f) All waste shall be located, stored, and disposed of in a manner that will not transmit communicable diseases or odors, pose a risk to health and safety, or provide a breeding place or food source for insects or rodents. (2) Syringes and needles are disposed of in accordance with the California Code of Regulations, Title 8, Section 5193 concerning bloodborne pathogens.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on LPA inspection review, the licensee did not comply with the section cited above as LPA observed two syringe disposal locations without a container which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	<b>POC Due Date:</b> 11/14/2025
	<b>Plan of Correction</b>
1	Administrator has agreed to removed the syringe disposal containers from the closets in all cottages have been removed.
2	
3	
4	

	<b>Type B</b>	<b>Section Cited</b>	<b>HSC</b>	<b>1569.625(b)(2)</b>	
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**Other Provisions**

(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on LPA file review the licensee did not comply with the section cited above as LPA observed the training plan reviewed did not meet title 22 requirements for dementia training incorporating 8 hours of training annually which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	<b>POC Due Date:</b> 11/21/2025
	<b>Plan of Correction</b>

1 Facility has agreed to provide the department an updated training plan that meets regulations and  
2 incorporates 8 hours of dementia training for staff members.  
3  
4

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 MANAGER:** Czarrina A Camilon-Lee

**NAME OF LICENSING PROGRAM ANALYST:** Kevin Gould

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/07/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/07/2025