

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342700005
Report Date: 12/31/2024
Date Signed: 12/31/2024 02:40:56 PM

Unsubstantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/15/2024** and conducted by Evaluator Michael Bilger

	COMPLAINT CONTROL NUMBER: 27-AS-20241015084008
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FACILITY NAME: REVERE COURT	FACILITY NUMBER: 342700005
ADMINISTRATOR: IRENE CHARNELL	FACILITY TYPE: 740
ADDRESS: 7707 RUSH RIVER DRIVE	TELEPHONE: (916) 392-3510
CITY: SACRAMENTO	STATE: CA ZIP CODE: 95831
CAPACITY: 72	CENSUS: 64 DATE: 12/31/2024
MET WITH: Irene Charnell	UNANNOUNCED TIME BEGAN: 01:50 PM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Staff do not ensure residents are spoken to in an appropriate manner
2	Staff do not ensure residents are handled in an appropriate manner
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INVESTIGATION FINDINGS:

1	On 12-31-2024 at 1:50pm, Licensing Program Analyst (LPA) Michael Bilger arrived unannounced at
2	facility to deliver and discuss findings for the allegations noted above. LPA met with Executive Director
3	Irene Charnell and explained the purpose of the visit. During this investigation, LPA conducted interviews
4	with six staff members, three additional witnesses, and reviewed facility file documentation including
5	caregiver schedule, and employee records. Additionally, LPA conducted facility observations on
6	10/24/2024 and 12/4/2024.
7	
8	Allegation: Staff do not ensure residents are spoken to in an appropriate manner. LPA conducted
9	interviews and observation as noted above. Based on interviews and observation conducted, it was
10	determined that facility is exclusive to memory care. Interviews did not reveal any corroborated
11	statements of staff speaking inappropriately to residents in care. Observations were conducted by LPA in
12	all four cottages serving memory care residents and consisted of various residents in rooms, common
13	areas, and during activity events.
	{Cont. on 9099C}

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Liza King
NAME OF LICENSING PROGRAM ANALYST: Michael Bilger
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/31/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/31/2024

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

LIC9099 (FAS) - (06/04)

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Control Number 27-AS-20241015084008

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: REVERE COURT

FACILITY NUMBER: 342700005

VISIT DATE: 12/31/2024

NARRATIVE

- 1 LPA's observations did not reveal staff speaking to residents in an inappropriate manner. As a result, the
- 2 preponderance of evidence standard is not met, and this allegation is UNSUBSTANTIATED.
- 3
- 4 Allegation: Staff do not ensure residents are handled in an appropriate manner. LPA conducted
- 5 interviews and observation as noted above. Interviews conducted did not reveal any corroborated
- 6 statements of staff inappropriately handling residents physically. Observations were conducted by LPA in
- 7 all four cottages serving memory care residents and consisted of various residents in rooms, common
- 8 areas, and during activity events. LPA's observations did not reveal staff physically handling residents in
- 9 an inappropriate manner. LPA did not observe rough handling in care techniques or redirection attempts.
- 10 As a result, the preponderance of evidence standard is not met, and this allegation is
- 11 UNSUBSTANTIATED.
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- 13 An exit interview was conducted with Executive Director and a copy of this report was provided. Appeal
- 14 rights provided.
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NAME OF LICENSING PROGRAM MANAGER: Liza King
NAME OF LICENSING PROGRAM ANALYST: Michael Bilger
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/31/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/31/2024

LIC9099 (FAS) - (06/04)

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