

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 342700005
Report Date: 02/26/2021
Date Signed: 02/26/2021 04:09:10 PM

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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: REVERE COURT	FACILITY NUMBER: 342700005
ADMINISTRATOR: CHAPPELL, BRENDA	FACILITY TYPE: 740
ADDRESS: 7707 RUSH RIVER DRIVE	TELEPHONE: (916) 392-3510
CITY: SACRAMENTO	STATE: CA
CAPACITY: 72	ZIP CODE: 95831
TYPE OF VISIT: Case Management - Incident	CENSUS: 56
MET WITH: Brenda Chappell	DATE: 02/26/2021
	UNANNOUNCED TIME BEGAN: 02:45 PM
	TIME COMPLETED: 04:00 PM

NARRATIVE	
1	Licensing Program Analyst (s) (LPA) Victoria Brown and Tirzah Hubbard contacted
2	the facility via telephone to commence an unannounced Tele-visit on 2/26/2021 at
3	2:45pm due to COVID-19 and pre-cautionary measures. The team met with Brenda
4	Chappell, Executive Director to conduct a Case Management and discussed the
5	purpose of the call and the elements of this type of visit.
6	
7	
8	This visit is conducted today to inquire about an incident report received by
9	Community Care Licensing (CCL) indicating that resident (R1) received medication
10	that belonged to (R2) which indicates there was a medication error that occurred.
11	
12	
13	LPAs conducted interviews of the Executive Director and Staff #1 (S1) during this
14	visit.
15	
16	
17	LPAs requested a copy of the medication Record for both (R1) and (R2) and a
18	revised Incident Report (SIR) and Medication Training Procedures. LPAs also
19	attempted to interview (S2) during this visit.
20	
21	
22	Per the California Code of Regulations, Title 22, Division 6, Chapter 8, no violations were cited during
23	this visit as further investigation is needed.
24	
25	An exit interview was conducted with Brenda Chappell via telephone and a copy of this report was
	provided via email and an electronic email read receipt confirms receiving these documents.

NAME OF LICENSING PROGRAM MANAGER: Stephen Richardson NAME OF LICENSING PROGRAM ANALYST: Victoria Brown
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/26/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/26/2021

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