

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 342700579

Report Date: 09/20/2021

Date Signed: 09/20/2021 02:10:39 PM

Document Has Been Signed on 09/20/2021 02:10 PM - **It Cannot Be Edited**

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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 | |

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|----------------|------------------------------|-------------------------|------------------|
| FACILITY NAME: | CHATEAU AT RIVER'S EDGE, THE | FACILITY NUMBER: | 342700579 |
| ADMINISTRATOR: | MICHAEL TALANI | FACILITY TYPE: | 740 |
| ADDRESS: | 641 FEATURE DR | TELEPHONE: | (916) 921-1970 |
| CITY: | SACRAMENTO | STATE: CA | ZIP CODE: 95825 |
| CAPACITY: | 143 | CENSUS: 69 | DATE: 09/20/2021 |
| TYPE OF VISIT: | Required - 1 Year | UNANNOUNCED TIME BEGAN: | 11:00 AM |
| MET WITH: | Administrator, Mike Talani | TIME COMPLETED: | 02:30 PM |

| NARRATIVE | |
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| 1 | On 09/20/2021, Licensing Program Analyst (LPA) Tung Truong arrived at this facility unannounced to |
| 2 | conduct an annual inspection visit. LPA met with Administrator Mike Talani and explained the purpose of |
| 3 | the visit. |
| 4 | |
| 5 | Administrator holds current certification #6039623740 and expires on 5/4/2022. The facility is licensed to |
| 6 | serve residents 60 and over. 26 ambulatory, 117 non-ambulatory, of which 10 may be bedridden. There |
| 7 | are 62 residents in Assisted Living and 7 residents in Memory Care who reside at this facility. LPA toured |
| 8 | the facility with Administrator Mike Talani on 09/20/2021 at 11:00 am. |
| 9 | |
| 10 | LPA inspected facility inside and out including common areas, resident units including bathrooms, |
| 11 | kitchen, food storage areas, storage area for medications. laundry area, and outside courtyards of the |
| 12 | facility to ensure compliance with Title 22 regulations. LPA observed the facility to be free of odor, clean |
| 13 | and in good repair. LPA observed sufficient furniture and lighting throughout the facility. LPA observed |
| 14 | bedrooms to be properly furnished, with appropriate bedding and lighting. The bathrooms were in |
| 15 | sanitary condition and properly maintained. The hot water temperature was observed to be 107.1 |
| 16 | degrees Fahrenheit. Food supply is adequate for 2-day perishable and 7-day nonperishable. LPA |
| 17 | observed knives and toxins to be locked away and inaccessible to residents. Smoke and carbon |
| 18 | detectors were in good repair. Fire extinguisher and first aid kit was up to date. The facility recent fire |
| 19 | drill was conducted on 7/22/2021. LPA checked medication storage and found medication to be locked |
| 20 | away and inaccessible to clients. LPA also conducted the infection control domain tool. |
| 21 | |
| 22 | Continued on 809-C |
| 23 | |
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| 25 | |

NAME OF LICENSING PROGRAM MANAGER: Czarrina A Camilon-Lee

NAME OF LICENSING PROGRAM ANALYST: Tung Truong

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 09/20/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 09/20/2021

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

LIC809 (FAS) - (06/04)

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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 (Cont)****FACILITY NAME:** CHATEAU AT RIVER'S EDGE, THE**FACILITY NUMBER:** 342700579**VISIT DATE:** 09/20/2021**NARRATIVE**

1 The facility mitigation plan was submitted to CCLD, and it was approved on 4/14/2021. Facility has
2 routine symptom screening checks for residents, staff, and visitors. The facility has a symptom check
3 binder for staff, residents, and care staff. Hand Hygiene procedures have been implemented. Facility
4 had Covid-19 posters throughout the facility, and the facility has implemented Covid-19 mitigation plan.

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6 The following forms and documents were requested to be submitted within 15 days:

7 (1) LIC308 Designation of Administrative Responsibility
8 (2) LIC500 Personnel Report
9 (3) Copy of Administrator Certificate
10 (4) LIC309 Administrative Organization
11 (5) Proof of Current Liability Insurance

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13 Per California Code of Regulations, Title 22, no deficiencies were observed during this visit.

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15 Exit interview held with Administrator Mike Talani and a copy of the report was provided.

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NAME OF LICENSING PROGRAM MANAGER: Czarrina A Camilon-Lee**NAME OF LICENSING PROGRAM ANALYST:** Tung Truong**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 09/20/2021

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