

Department of

SOCIAL SERVICES

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

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: 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			
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			
24			
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)

Page: 1 of 2

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.

5
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

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/20/2021

LIC809 (FAS) - (06/04)

Page: 2 of 2