

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 392700412

Report Date: 11/09/2020

Date Signed: 11/09/2020 03:25:52 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: CHIANTI JOY LLC	FACILITY NUMBER: 392700412
ADMINISTRATOR:MORELOS, RANDY S	FACILITY TYPE: 740
ADDRESS: 9152 CHIANTI CIR	TELEPHONE: (209) 242-2006
CITY: STOCKTON	STATE: CA ZIP CODE: 95212
CAPACITY: 6	CENSUS: 4 DATE: 11/09/2020
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 01:30 PM
MET WITH: Randy Morelos	TIME COMPLETED: 03:30 PM

NARRATIVE	
1	Licensing Program Analysts (LPA's) Albert Johnson and Ashley Boothe conducted a health and safety check on this day.
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4	At 1:30pm LPA's and administrator toured the facility and observed the following deficiencies in the facility: expired food stored and cloth towels hanging in restroom.
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7	The facility is practicing face covering while providing care and supervision to residents in care and also used screening per COVID precautionary guidelines.
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10	During file review at 2:10pm, LPA's and administrator observed records for R1 and R2 and R3. R1 states diagnosis of dementia. R2's LIC602 states R2 is diabetic and is not able administer own medications, as well as manage his sliding scale injections. R3 also has a diagnosis that includes dementia. The facility is providing care to these residents outside of the scope of their license. The facility care provider is checking sugar levels and injecting based on these level checks.
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17	Deficiencies were given pursuant to Title 22 rules and regulations, Health and Safety Codes. An exit interview was conducted with Randy. A copy of this report was provided to Randy via email, due to COVID-19 precautionary measures, with a "read receipt" to verify the LIC 809 was received. Randy is print out the report and fax a signed copy to LPA at 916-263-4744 or email to LPA at ashley.boothe@dss.ca.gov.
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NAME OF LICENSING PROGRAM MANAGER: Liza King

NAME OF LICENSING PROGRAM ANALYST: Ashley Boothe

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 11/09/2020

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 11/09/2020

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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Created By: Ashley Boothe On 11/09/2020 at 02:56 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL

SERVICES

COMMUNITY CARE LICENSING DIVISION

, 2525 NATOMAS PARK DR. STE.270

SACRAMENTO, CA 95833

FACILITY NAME: CHIANTI JOY LLC**FACILITY NUMBER:** 392700412**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 11/09/2020

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)		
Type A 11/10/2020 Section Cited	<p>1 87612 Restricted Health Conditions 2 (a) The licensee may provide care for 3 residents who have any of the 4 following restricted health conditions, 5 or who require any of the following 6 health services: (5) Diabetes as 7 specified in Section 87628. (8) 8 Injections as specified in Section 9 87629.</p>			
	<p>10 This requirement is not met as 11 evidenced by: LPA's and 12 administrator interviews and records 13 review of R2's LIC602 and appraisal 14 which states R2 is diabetic and is not 15 able administer own medications, as 16 well as manage his sliding scale 17 injections. The caregiver is providing 18 care to R2 on the restricted health 19 condition. This poses an immediate 20 risk to residents in care.</p>	8 9 10 11 12 13 14		
	1 2 3 4 5 6 7			
	1 2 3 4 5 6 7			

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Liza King	LICENSING EVALUATOR NAME: Ashley Boothe
LICENSING EVALUATOR SIGNATURE: 	
DATE: 11/09/2020	
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE: 	
DATE: 11/09/2020	