

Department of

SOCIAL SERVICES

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 | | |
| 2 | check on this day. | | |
| 3 | | | |
| 4 | At 1:30pm LPA's and administrator toured the facility and observed the following deficiencies in the | | |
| 5 | facility: expired food stored and cloth towels hanging in restroom. | | |
| 6 | | | |
| 7 | The facility is practicing face covering while providing care and supervision to residents in care and also | | |
| 8 | used screening per COVID precautionary guidelines. | | |
| 9 | | | |
| 10 | During file review at 2:10pm, LPA's and administrator observed records for R1 and R2 and R3. R1 | | |
| 11 | states diagnosis of dementia. R2's LIC602 states R2 is diabetic and is not able administer own | | |
| 12 | medications, as well as manage his sliding scale injections. R3 also has a diagnosis that includes | | |
| 13 | dementia. The facility is providing care to these residents outside of the scope of their license. The | | |
| 14 | facility care provider is checking sugar levels and injecting based on these level checks. | | |
| 15 | | | |
| 16 | Deficiencies were given pursuant to Title 22 rules and regulations, Health and Safety Codes. An exit | | |
| 17 | interview was conducted with Randy. A copy of this report was provided to Randy via email, due to | | |
| 18 | COVID-19 precautionary measures, with a "read receipt" to verify the LIC 809 was received. Randy is | | |
| 19 | print out the report and fax a signed copy to LPA at 916-263-4744 or email to LPA at | | |
| 20 | ashley.boothe@dss.ca.gov. | | |
| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |
| 25 | | | |
| 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

 CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 2525 NATOMAS PARK DR. STE.270
SACRAMENTO, CA 95833



FACILITY EVALUATION REPORT (Cont)
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 | 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) Injections as specified in Section 87629. | | |
| | 8 This requirement is not met as 9 evidenced by: LPA's and 10 administrator interviews and records 11 review of R2's LIC602 and appraisal 12 which states R2 is diabetic and is not 13 able administer own medications, as 14 well as manage his sliding scale injections. The caregiver is providing care to R2 on the restricted health condition. This poses an immediate risk to residents in care. | 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 | |