

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 392700941
Report Date: 01/09/2025
Date Signed: 01/09/2025 01:18:54 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
FACILITY EVALUATION REPORT	

FACILITY NAME:	CHIANTI GRACE, LLC	FACILITY NUMBER:	392700941
ADMINISTRATOR/LAUREL, MARICAR DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	9063 CHIANTI CIRCLE	TELEPHONE:	(209) 688-8058
CITY:	STOCKTON	STATE: CA	ZIP CODE: 95212
CAPACITY: 6		CENSUS: 3	DATE: 01/09/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	BEGAN: 10:05 AM
MET WITH:	Maricar Laurel	TIME VISIT/ INSPECTION	COMPLETED: 01:30 PM

NARRATIVE	
1	On 1/9/2025 at 10:05am Licensing Program Analyst (LPA) Michael Bilger arrived at this facility
2	unannounced to conduct an annual inspection visit. LPA met with the administrator Maricar Laurel and
3	explained the purpose of the visit.
4	
5	LPA inspected the physical plant including but not limited to the kitchen, dining room, resident
6	bedrooms; resident bathrooms, laundry room, living area, common TV area, and outside of the facility to
7	ensure compliance with Title 22 regulations. Facility is a residential care facility for the elderly (RCFE)
8	with a current census of 3. Facility has 4 bedrooms and 2 bathrooms for resident use. Facility has a
9	formal dining area off and a formal living room. LPA also conducted the inspection using the CARE tool.
10	Facility currently provides care for 0 ambulatory residents, 1 non ambulatory residents, 2 hospice, and 0
11	bedridden. The facility has an approved infection control plan in place.
12	
13	Water temperature reads 105°F to 120°F in the bathroom and room temperature reads 73°F. LPA
14	observed the facility to have adequate food supply. Resident rooms were sanitary and had the required
15	furniture and furnishings. The facility common areas were clean and furnished. Smoke and carbon
16	detectors were in good repair. Fire extinguisher was checked 7-15-24. Facility has an emergency food
17	and water kit. All toxins and other dangerous items including sharp objects were locked and inaccessible
18	to residents in care. Medication storage area was observed to be locked and inaccessible to residents in
19	care. Medications were reviewed and contained accompanying regulatory required Physician's orders.
20	First aid kit was observed to have adequate supplies and accessible to staff.
21	
22	{Cont. on 809C}
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Liza King

NAME OF LICENSING PROGRAM ANALYST: Michael Bilger
LICENSING PROGRAM ANALYST SIGNATURE:  **DATE:** 01/09/2025

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

FACILITY REPRESENTATIVE SIGNATURE:  **DATE:** 01/09/2025

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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FACILITY NAME: CHIANTI GRACE, LLC **FACILITY NUMBER:** 392700941
VISIT DATE: 01/09/2025

NARRATIVE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>During this inspection 3 resident files and 3 staffing files were reviewed for regulatory compliance. All files contained required contents. All staff noted on LIC 500 contained criminal background clearances. LPA completed 3 resident interviews and 3 staff interviews. Resident files reviewed contained all required contents including updated admission agreements, medical assessments, and updated appraisal forms as required. Facility's liability insurance is current and up to date per regulatory requirements. Facility does not contain any bodies of water. LPA observed personal rights, resident council and complaint information posted. Facility has appropriate internet access available for resident use. LPA observed facility's activity sufficient equipment and supplies to meet activity program needs of residents in care. LPA reviewed facility's disaster plan to ensure regulatory compliance. Facility conducts monthly fire drills. LPA requested an updated copy of LIC 308 and LIC 500.</p> <p>Per California Code of Regulations, Title 22, no deficiencies were observed during this visit. Exit interview was held and a report was given to Administrator.</p>
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NAME OF LICENSING PROGRAM MANAGER: Liza King
NAME OF LICENSING PROGRAM ANALYST: Michael Bilger
LICENSING PROGRAM ANALYST SIGNATURE:  **DATE:** 01/09/2025

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