

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 435200727

Report Date: 11/03/2020

Date Signed: 11/05/2020 04:11:36 PM

**Document Has Been Signed on 11/05/2020 04:11 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, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: CARLTON PLAZA OF SAN JOSE		FACILITY NUMBER:	435200727
ADMINISTRATOR: JENNEL REVERA		FACILITY TYPE:	740
ADDRESS: 380 BRANHAM LANE		TELEPHONE:	(408) 972-1400
CITY: SAN JOSE	STATE: CA	ZIP CODE:	95136
CAPACITY: 183	CENSUS: 136	DATE:	11/03/2020
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED	TIME BEGAN:	03:25 PM
MET WITH: Jennell Revera		TIME COMPLETED:	03:48 PM
<b>NARRATIVE</b>			
1	This is an amended report from 11/3/2020 Case Management Visit-Incident to clarify		
2	the facility fall risk intervention plan.		
3			
4	Licensing Program Analysts Steve Chang and Joanne Roadilla (LPAs) met with		
5	Executive Director Jennell Revera(ED) in order to conduct an unannounced case		
6	management tele-visit to review Incident Report about resident fall.		
7			
8	LPAs interviewed ED regarding the incident. Per ED, the incident occurred in the		
9	morning resident experienced fall in apartment. The incident happened when R1 and		
10	C1 both turned. At that time, R1 lost balance and fell. C1 rushed to help R1.		
11			
12	Incident report stated R1 was sent to the hospital with diagnosis of left arm fracture.		
13	The facility updated R1's care plan. Facility added one more caregiver to help R1.		
14	Care staff were trained on how to assist R1 with sling. The facility took this incident		
15	as a training case to train all staff on how to care for residents who are fall risk. ED		
16	stated that the facility will put intervention in place to reduce residents fall risk.		
17			
18	No deficiencies cited during today's tele visit. Exit interview with ED. A copy of this		
19	report is emailed to the facility for signature.		
20			
21			
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Romeo Manzano			
NAME OF LICENSING PROGRAM ANALYST: Chihhsien Chang			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/04/2020

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/04/2020

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