

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
FACILITY EVALUATION REPORT	

FACILITY NAME: CARLTON PLAZA OF SAN JOSE	FACILITY NUMBER: 435200727
ADMINISTRATOR: JENNELL 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

NARRATIVE	
1	This is an amended report from 11/3/2020 Case Management Visit-Incident to clarify the facility fall risk intervention plan.
2	
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 fell.
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	
13	Incident report stated R1 was sent to the hospital with diagnosis of left arm fracture.
14	The facility updated R1's care plan. Facility added one more caregiver to help R1.
15	Care staff were trained on how to assist R1 with sling. The facility took this incident
16	as a training case to train all staff on how to care for residents who are fall risk. ED
17	stated that the facility will put intervention in place to reduce residents fall risk.
18	
19	
20	
21	No deficiencies cited during today's tele visit. Exit interview with ED. A copy of this
22	report is emailed to the facility for signature.
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.