

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 071440541  
**Report Date:** 10/08/2025  
**Date Signed:** 10/08/2025 04:27:14 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	CHATEAU PLEASANT HILL	FACILITY NUMBER:	071440541
ADMINISTRATOR/DIRECTOR:	JOHN MCCRAW	FACILITY TYPE:	740
ADDRESS:	2726-2770 PLEASANT HILL RD.	TELEPHONE:	(925) 935-1660
CITY:	PLEASANT HILL	STATE:	CA
CAPACITY:	165	ZIP CODE:	94523
TYPE OF VISIT:	Required - 1 Year	CENSUS:	139
		DATE:	10/08/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:50 AM
MET WITH:	Jon McCraw, Executive Director	TIME VISIT/INSPECTION COMPLETED:	04:45 PM

NARRATIVE	
1	On 10/08/2025 at 10:00 AM, Licensing Program Analysts (LPAs) L. Alexander and K.
2	Nguyen arrived unannounced to conduct the Required Annual Inspection. Upon
3	entry, LPAs stated the purpose of the visit to front desk. Administrator Jon McCraw
4	certification 7012974740 expires on 12/04/2026, joined later at around 11:00 AM.
5	
6	
7	LPAs toured the facility with Jon including but not limited to 8 resident's apartments,
8	bathrooms, multiple activity rooms, kitchen, common area and courtyard. LPAs
9	observe lighting in all rooms are adequate for the comfort and safety of the
10	residents. Hallway temperature was maintained at 74 degrees F. LPAs observed
11	lighting in all rooms are adequate for the comfort and safety of the residents. The hot
12	water temperature in a sample of residents' bathrooms were measured at 109.6,
13	104.6, 105.1, and 110-degrees Fahrenheit. Residents' bathrooms are equipped with
14	grab bars and non-skid mats. There is a minimum of one week supply of
15	nonperishable and 2-day of perishable foods. Sharps are locked and inaccessible to
16	residents in care. Fire Extinguisher dated 07/23/2025. Emergency disaster last
17	update on 9/10/2025. Fire drill was last conducted on 08/27/2025. Liability Insurance
18	effective from 7/1/25 to 7/1/26.
19	
20	
21	
22	Report Continue on LIC 809c...
23	
24	
25	

**NAME OF LICENSING PROGRAM MANAGER:** Bennett Fong

<b>NAME OF LICENSING PROGRAM ANALYST:</b> Lori Alexander-Washington	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 10/08/2025
<b>I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 10/08/2025

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

**FACILITY EVALUATION REPORT** California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

**DEFICIENCIES** A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

**PLANS OF CORRECTION (POCs)** The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

**CORRECTION NOTIFICATION** The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

**CIVIL PENALTIES** The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

**PENALTY NOTICE GIVEN** The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

**APPEAL RIGHTS** The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a

deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

**AGENCY REVIEW** The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

**EMAIL REQUIREMENT** Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

LIC809 (FAS) - (09/23)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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**FACILITY NAME:** CHATEAU PLEASANT HILL

**FACILITY NUMBER:** 071440541

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 10/08/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87465(h)(1)(C)	
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**Incidental Medical and Dental Care Services**

<p>(h) The following requirements shall apply to medications which are centrally stored: (1) Medications shall be centrally stored under the following circumstances: (C) Because of potential dangers related to the medication itself, or due to physical arrangements in the facility and the condition or the habits of other persons in the facility, the medications are determined by either a physician, the administrator, or Department to be a safety hazard to others.</p> <p>This requirement is not met as evidenced by:</p>	
	<p><b>Deficient Practice Statement</b></p>
1	<p>Based on observation, interview, and record review the licensee did not comply with the section cited above in by having R1 medication left unlocked in bathroom sink counter which poses an immediate health, safety or personal rights risk to persons in care.</p>
2	
3	
4	
	<p><b>POC Due Date:</b> 10/09/2025</p>
	<p><b>Plan of Correction</b></p>
1	<p>Administrator (ADM) agree to check all residents room to make sure there no other medication left unlocked.ADM agree to conduct an inserve training to staff on medication storage and send POC of training record to CCLD by POC date.</p>
2	
3	
4	

		Section Cited			
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	<p><b>Deficient Practice Statement</b></p>
1	
2	
3	
4	
	<p><b>POC Due Date:</b></p>
	<p><b>Plan of Correction</b></p>
1	
2	
3	
4	

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

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Bennett Fong
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Lori Alexander-Washington
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 10/08/2025
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 10/08/2025

LIC809 (FAS) - (06/04)

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**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87411(f)</b>	
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**Personnel Requirements - General**

(f) All personnel, including the licensee and administrator, shall be in good health, and physically and mentally capable of performing assigned tasks. Good physical health shall be verified by a health screening, including a chest x-ray or an intradermal test, performed by a physician not more than six (6) months prior to or seven (7) days after employment or licensure. A report shall be made of each screening, signed by the examining physician. The report shall indicate whether the person is physically qualified to perform the duties to be assigned, and whether he/she has any health condition that would create a hazard to him/herself, other staff members or residents. A signed statement shall be obtained from each volunteer affirming that he/she is in good health. Personnel with evidence of physical illness or emotional instability that poses a significant threat to the well-being of residents shall be relieved of their duties.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on interview and record review, the licensee did not comply with the section cited above by not having S1 and S2 health screening and TB clearance on files which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	<b>POC Due Date:</b> 10/24/2025
	<b>Plan of Correction</b>
1	Administrator agree to have S1 and S2 complete their health screening and TB test clearance and send via email documents of S1 and S2 complete their health screening and TB test clearance by POC date.
2	
3	
4	

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

Bennett Fong
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**NAME OF LICENSING PROGRAM**

**MANAGER:**

**NAME OF LICENSING PROGRAM** Lori Alexander-Washington

**ANALYST:**

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/08/2025

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**DATE:** 10/08/2025

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310  
OAKLAND, CA 94612

**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** CHATEAU PLEASANT HILL

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**VISIT DATE:** 10/08/2025

**NARRATIVE**

1 At 11:45 AM, LPAs reviewed 8 residents records. At 2:02 PM, LPAs reviewed 9 staff  
2 records and 9 of 9 are associated with the facility.  
3

4 The following deficiencies were observed:  
5

6 - At around 1:00PM LPAs conducted staff files reviews show S1 and S2 do not have  
7 health screen and TB on files.  
8

9  
10 - At around 2:20PM LPAs observed R1 room contained unlocked medication  
11 (Mucinex)  
12

13 **The following deficiencies were observed (see LIC 809D) and cited from the**  
14 **California Code of Regulations, Title 22 and/or Health and Safety Code Failure**  
15 **to correct deficiencies by POC date may result in additional Civil Penalties.**  
16  
17

18 Exit interview conducted and a copy of this report and appeal right is provided.  
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