

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 075601363

Report Date: 05/06/2022

Date Signed: 05/06/2022 02:21:51 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, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612	
FACILITY EVALUATION REPORT			
FACILITY NAME: CHATEAU AT POETS CORNER		FACILITY NUMBER: 075601363	
ADMINISTRATOR: SARAH CONNOR-KERR		FACILITY TYPE: 740	
ADDRESS: 540 PATTERSON BOULEVARD		TELEPHONE: (925) 287-8750	
CITY: PLEASANT HILL		STATE: CA ZIP CODE: 94523	
CAPACITY: 75		CENSUS: 39 DATE: 05/06/2022	
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME BEGAN: 01:15 PM	
MET WITH: Myrene Gaeta, DRS		TIME COMPLETED: 02:35 PM	
NARRATIVE			
1	On 5/06/2022 at 1:15 pm Licensing Program Analyst (LPA) C. Fowler		
2	arrived unannounced to conduct infection control inspection LPA met with		
3	DRS, Myrene Gaeta and explained the purpose of the visit		
4			
5	LPA toured the facility with Myrene including but not limited to 3 residents		
6	apartments, bathrooms, multiple activity rooms, kitchen, common area and		
7	courtyard. There are no bodies of water observed. LPA observe lighting in		
8	all rooms are adequate for the comfort and safety of the residents. Hallway		
9	temperature was maintained at 74 degrees F. LPA observed lighting in all		
10	rooms are adequate for the comfort and safety of the residents. Residents'		
11	bathrooms are equipped with grab bars. There is a minimum of one week		
12	supply of nonperishable and 2-day of perishable foods. Centrally stored		
13	medications, sharps and toxic are locked and inaccessible to residents in		
14	care.		
15			
16	No deficiencies cited during visit.		
17			
18	Exit interview conducted and a copy of this report provided.		
19			
20			
21			
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Bennett Fong			
NAME OF LICENSING PROGRAM ANALYST: Carol Fowler			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/06/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/06/2022

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