

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 | |

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| 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 | |
| 6 | LPA toured the facility with Myrene including but not limited to 3 residents |
| 7 | apartments, bathrooms, multiple activity rooms, kitchen, common area and |
| 8 | courtyard. There are no bodies of water observed. LPA observe lighting in |
| 9 | all rooms are adequate for the comfort and safety of the residents. Hallway |
| 10 | temperature was maintained at 74 degrees F. LPA observed lighting in all |
| 11 | rooms are adequate for the comfort and safety of the residents. Residents' |
| 12 | bathrooms are equipped with grab bars. There is a minimum of one week |
| 13 | supply of nonperishable and 2-day of perishable foods. Centrally stored |
| 14 | medications, sharps and toxic are locked and inaccessible to residents in |
| 15 | care. |
| 16 | |
| 17 | |
| 18 | |
| 19 | |
| 20 | |
| 21 | No deficiencies cited during visit. |
| 22 | |
| 23 | |
| 24 | Exit interview conducted and a copy of this report provided. |
| 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.