

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 121372020

Report Date: 01/21/2026

Date Signed: 01/21/2026 12:01:57 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
FACILITY EVALUATION REPORT	

FACILITY NAME:	FRYE'S CARE HOME	FACILITY NUMBER:	121372020
ADMINISTRATOR/DIRECTOR:	DELORES FRYE	FACILITY TYPE:	740
ADDRESS:	2240 FERN STREET	TELEPHONE:	(707) 442-2712
CITY:	EUREKA	STATE:	CA
CAPACITY:	58	ZIP CODE:	95503
TYPE OF VISIT:	Required - 1 Year	CENSUS:	43
		DATE:	01/21/2026
		UNANNOUNCED TIME VISIT/INSPECTION	08:00 AM
MET WITH:	Sara McDonald	BEGAN TIME VISIT/INSPECTION	12:15 PM
		COMPLETED:	

NARRATIVE

1 At approximately 8:00AM, Licensing Program Analyst (LPA) Chris Arnhold arrived at this facility
2 unannounced to conduct a Required-1 Year inspection. LPA met with Supervisor Sara McDonald and
3 explained the purpose of the visit. Administrator certificate is current. Facility has a Hospice waiver for
4 10 residents.
5
6 At approximately 8:15AM, LPA toured the facility to ensure the health and safety of residents in care.
7 The facility was observed to be at a comfortable temperature. Areas toured include but are not limited to
8 resident rooms, common areas, bathrooms, kitchen, storage areas and back yard. In the areas toured
9 no immediate health, safety, or personal rights violations were observed. Fire extinguishers were fully
10 charged. Smoke detectors are all operational. Carbon Monoxide Detector was present. The common
11 areas, bathrooms and kitchen were clean and in good repair. All bedrooms had required furniture,
12 bedding, and lighting. The kitchen equipment was clean and in good repair. Dishware appeared to be
13 stored in a sanitary manner. Food appears to be stored and prepared properly. Refrigerators and
14 freezers were maintained at the proper temperature. Facility has required supply of perishable and non-
15 perishable food. Emergency water was present to ensure facility can be self-sufficient for 72 hours.
16 Facility has a generator to supply power in an emergency. Emergency lighting devices were present.
17 First aid kit was present. No pools/bodies of water are on the premises. Facility has been conducting
18 Emergency drills every 3 months.
19
20 At approximately 9:00AM, LPA reviewed 5 of 43 resident files. All resident files contained the required
21 documentation. Reappraisals were conducted within the last 12 months. Documentation of a physician
22 visit within the last 12 months was present. Medication records were organized and contained orders for
23 each medication. Medications were secured in a locked cabinet.
24
25 Continued on LIC809-C...

NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota
NAME OF LICENSING PROGRAM ANALYST: Christopher Arnhold

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/21/2026

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
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FACILITY NAME: FRYE'S CARE HOME

FACILITY NUMBER: 121372020

VISIT DATE: 01/21/2026

NARRATIVE	
1	At approximately 10:25AM, LPA reviewed 5 staff files. Staff files reviewed did not contain evidence of
2	completed annual training. First Aid/CPR certification was current. All employees requiring background
3	checks are cleared.
4	
5	Updated copies of the following documents were requested for facility file and are to be
6	submitted to CCL within 30 days of this visit:
7	
8	
9	
10	LIC500- Personnel Report
11	LIC610E- Disaster Plan
12	Evidence of Liability Insurance
13	
14	
15	
16	
17	Deficiencies are cited from the California Code of Regulations (CCRs), and/or the Health and
18	Safety Code. Failure to correct the cited deficiency(ies), on or before the Plan of Correction
19	(POC) due date, may result in a civil penalty assessment.
20	
21	This report was reviewed with Sara McDonald and Appeal rights were given.
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NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota
NAME OF LICENSING PROGRAM ANALYST: Christopher Arnhold
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 01/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 01/21/2026

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** FRYE'S CARE HOME**FACILITY NUMBER:** 121372020**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 01/21/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)****Type B****Section Cited****HSC****1569.625(b)(2)****Other Provisions**

(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.

This requirement is not met as evidenced by:

Deficient Practice Statement

- 1 Based on record review, the licensee did not comply with the section cited above in 5 of 5 staff records.
- 2 Files did not contain evidence of completed annual training, which poses/posed a potential health,
- 3 safety or personal rights risk to persons in care.
- 4

POC Due Date: 02/20/2026**Plan of Correction**

- 1 Licensee agrees to ensure all staff receive the required hours of annual training. Licensee agrees to
- 2 create written plan that details how training will be conducted and documented. Written plan shall be
- 3 submitted to CCL by 02/20/2026.
- 4

Section Cited**Deficient Practice Statement**

- 1
- 2
- 3
- 4

POC Due Date:**Plan of Correction**

- 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.

**NAME OF LICENSING PROGRAM
MANAGER:**

Kimberley Mota

**NAME OF LICENSING PROGRAM
ANALYST:**

Christopher Arnhold

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 01/21/2026**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/21/2026