

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 126801366  
**Report Date:** 07/22/2025  
**Date Signed:** 07/22/2025 12:05:08 PM

**Document Has Been Signed on 07/22/2025 12:05 PM - It Cannot Be Edited**

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	TIMBER RIDGE AT MCKINLEYVILLE	FACILITY NUMBER:	126801366
ADMINISTRATOR/DAVID UBALLEZ		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(707) 839-9100
ADDRESS:	1400 NURSERY WAY	ZIP CODE:	95519
CITY:	MCKINLEYVILLE	STATE: CA	
CAPACITY: 108		CENSUS: 66	
TYPE OF VISIT: Required - 1 Year		DATE:	07/22/2025
		UNANNOUNCED TIME VISIT/ INSPECTION	08:00 AM
		BEGAN:	
MET WITH: Valli Lunsford		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 Front Desk manager Valli Lunsford
3	and explained the purpose of the visit. Administrator certificate is current. LPA requested Licensee
4	submit documentation to appoint an Administrator. Facility has a Hospice waiver for 11 residents.
5	
6	At approximately 8:30AM, 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 outdoor areas. In the areas
9	toured no immediate health, safety, or personal rights violations were observed. Fire extinguishers were
10	fully charged. Smoke detectors are all operational. Carbon Monoxide Detector was present. Facility has
11	a fire sprinkler system. The common areas, bathrooms and kitchen were clean and in good repair. All
12	bedrooms had required furniture, bedding, and lighting. The kitchen equipment was clean and in good
13	repair. Dishware appeared to be stored in a sanitary manner. Food appears to be stored and prepared
14	properly. Refrigerators and freezers were maintained at the proper temperature. Facility has required
15	seven-day non-perishable and two-day perishable supply of food. Emergency food stores and water
16	was present to ensure facility can be self-sufficient for 72 hours. Facility has a generator to supply power
17	in an emergency. Emergency lighting devices were present. Evacuation chairs were located at each
18	stairwell. First aid kit was present. All employees requiring background checks are cleared. No
19	pools/bodies of water are on the premises. Facility has been conducting Emergency drills every 3
20	months. Activity calendar was posted in the lobby with many activities scheduled for the day.
21	
22	At approximately 9:30AM, LPA reviewed 10 resident files. All resident files contained the required
23	documentation. Reappraisals were conducted within the last 12 months. Documentation of a physician
24	visit within the last 12 months was present. LPA conducted a review of medications. Medication is
25	locked and not accessible.

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



DATE: 07/22/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



DATE: 07/22/2025

**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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES          COMMUNITY CARE LICENSING DIVISION          SANTA ROSA RO, 1450 NEOTOMAS AVENUE,          STE. 100          SANTA ROSA, CA 95405</p>
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**FACILITY NUMBER:** 126801366

**VISIT DATE:** 07/22/2025

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>At approximately 10:45AM, LPA reviewed 7 staff files. Staff files reviewed contained evidence of completed annual training and all required documents. First Aid/CPR certification was current.</p> <p><b>Updated copies of the following documents were requested for facility file and are to be submitted to CCL within 30 days of this visit:</b></p> <p><b>LIC500- Personnel Report</b>  <b>Evidence of Liability Insurance</b></p> <p>No deficiencies were observed in the areas inspected, No citations were issued during today's visit.</p>

<p><b>NAME OF LICENSING PROGRAM MANAGER:</b> Kimberley Mota  <b>NAME OF LICENSING PROGRAM ANALYST:</b> Christopher Arnhold  <b>LICENSING PROGRAM ANALYST SIGNATURE:</b></p>	<p><b>DATE:</b> 07/22/2025</p>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<p><b>FACILITY REPRESENTATIVE SIGNATURE:</b></p>	<p><b>DATE:</b> 07/22/2025</p>
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