

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 126803830
Report Date: 09/30/2025
Date Signed: 09/30/2025 05:16:16 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:	SEQUOIA SPRINGS SENIOR LIVING COMMUNITY	FACILITY NUMBER:	126803830
ADMINISTRATOR/ALMA PERALTA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(707) 726-0111
ADDRESS:	2401 REDWOOD WAY	STATE: CA	ZIP CODE: 95540
CITY:	FORTUNA	CENSUS: 55	DATE: 09/30/2025
CAPACITY: 92		UNANNOUNCED TIME VISIT/INSPECTION	08:00 AM
TYPE OF VISIT: Required - 1 Year		BEGAN:	
MET WITH: Julissa Aguirre		TIME VISIT/INSPECTION	05:30 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 Compliance and Training
3	Coordinator Julissa Aguirre and explained the purpose of the visit. Administrator certificate is current.
4	Facility has a Hospice waiver for 10 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 courtyards. 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. The
11	common areas, bathrooms and kitchen were clean and in good repair. All bedrooms had required
12	furniture, bedding, and lighting. The kitchen equipment was clean and in good repair. Dishware
13	appeared to be stored in a sanitary manner. Food appears to be stored and prepared properly.
14	Refrigerators and freezers were maintained at the proper temperature. Facility has required seven-day
15	non-perishable and two-day perishable supply of food. LPA observed several flies in the dinning room
16	during this visit. Facility has EcoLab fly traps located throughout the facility, but the traps appeared to
17	not have been maintained. Emergency food stores and water was present to ensure facility can be self-
18	sufficient for 72 hours. Facility has a generator to supply power in an emergency. Emergency lighting
19	devices were present. First aid kit was present. No pools/bodies of water are on the premises. Facility
20	has been conducting Emergency drills every 3 months.
21	
22	At approximately 10:30AM, LPA reviewed 10 of 55 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. Medication records were organized and contained orders for
25	each medication. Medications were secured.

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



DATE: 09/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/30/2025

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>FACILITY EVALUATION REPORT (Cont)</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 NAME: SEQUOIA SPRINGS SENIOR LIVING COMMUNITY

FACILITY NUMBER: 126803830

VISIT DATE: 09/30/2025

NARRATIVE	
1	During this inspection, LPA followed up on several Unusual Incident Reports submitted by the facility.
2	
3	On 07/27/2025, Staff provided a resident with the wrong medication. The report states the staff misread
4	the room number on a prepared medication cup. Staff notified residents physician of the error and
5	resident was taken to the emergency room for observation.
6	
7	On 09/08/2025, staff discovered an error that occurred where a resident was given the wrong dose of a
8	medication. Staff notified residents physician of the error and resident was monitored.
9	
10	On 09/28/2025, Staff provided a resident with the wrong medication. The report states staff did not verify
11	what medication was in their hand before giving it to the resident.
12	
13	At approximately 1:30PM, LPA reviewed 10 staff files. Staff files reviewed did not contain evidence of
14	completed annual training in 8 of 10 files. There was at least one staff on duty with CPR certification
15	during this visit. All employees requiring background checks are cleared.
16	
17	Updated copies of the following documents were requested for facility file and are to be
18	submitted to CCL within 30 days of this visit:
19	
20	
21	Evidence of control of Property, (Current Rental/Lease Agreement/Deed)
22	LIC500- Personnel Report
23	LIC610E- Disaster Plan
24	Evidence of Liability Insurance
25	
26	
27	
28	
29	Deficiencies are cited from the California Code of Regulations (CCRs), and/or the Health and
30	Safety Code. Failure to correct the cited deficiency(ies), on or before the Plan of Correction
31	(POC) due date, may result in a civil penalty assessment.
32	
	This report was reviewed with Julissa Aguirre and Appeal rights were given.

<p>NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota</p> <p>NAME OF LICENSING PROGRAM ANALYST: Christopher Arnhold</p> <p>LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 09/30/2025</p>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

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FACILITY NAME: SEQUOIA SPRINGS SENIOR LIVING COMMUNITY

FACILITY NUMBER: 126803830

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/30/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.625(b)(2)	
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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 8 of 10 staff files reviewed. Records did not contain the required number of annual training hours, which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 10/31/2025
	Plan of Correction
1	Licensee agrees to ensure all staff complete their required annual training. Licensee shall develop a written plan that describes how facility will track and document staff training hours. Written plan shall be submitted to CCL by 10/31/2025.
2	
3	
4	

Request Denied	Type B	Section Cited	CCR	87465(h)(5)	
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(h) The following requirements shall apply to medications which are centrally stored:
 (5) Each resident's medication shall be stored in its originally received container. No medications shall be transferred between containers.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, the licensee did not comply with the section cited above. Facility is preparing medication in separate cups before assisting residents with medication, resulting in a medication error. This poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 10/31/2025
	Plan of Correction
1	Licensee agrees to develop a medication administration procedure that does not include preparing medication in separate containers before assisting the resident with their medication. Written plan shall be submitted to CCL by 10/31/2025.
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
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NAME OF LICENSING PROGRAM ANALYST: Christopher Arnhold	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/30/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/30/2025

LIC809 (FAS) - (06/04)

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FACILITY NAME: SEQUOIA SPRINGS SENIOR LIVING COMMUNITY

FACILITY NUMBER: 126803830

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/30/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87465(c)(2)	
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(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met:(2) Once ordered by the physician the medication is given according to the physician's directions.

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. Staff provided the wrong medication to a resident on 3 separate occasions, which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 10/01/2025
	Plan of Correction
1	Licensee removed the staff from medication duties and conducted retraining. POC cleared during visit.
2	
3	
4	

		Section Cited			
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	Deficient Practice Statement
1	
2	
3	
4	
	POC Due Date:
	Plan of Correction
1	
2	

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: 09/30/2025

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FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 09/30/2025