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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 126803830
Report Date: 08/21/2026
Date Signed: 08/21/2026 01:30:38 PM

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

FACILITY NAME:	SEQUOIA SPRINGS SENIOR LIVING COMMUNITY		FACILITY NUMBER:	126803830
ADMINISTRATOR/ DIRECTOR:	ALMA PERALTA		FACILITY TYPE:	740
ADDRESS:	2401 REDWOOD WAY		TELEPHONE:	(707) 726-0111
CITY:	FORTUNA	STATE: CA	ZIP CODE:	95540
CAPACITY: 92		CENSUS: 52	DATE:	08/21/2026
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	08:45 AM
MET WITH:	Alma Peralta		TIME VISIT/ INSPECTION COMPLETED:	01:45 PM

NARRATIVE

At approximately 8:45AM, Licensing Program Analyst (LPA) Chris Arnhold arrived at this facility unannounced to conduct a case management visit to follow up on three incident reports submitted by the facility. LPA met with Executive Director Alma Peralta and reviewed records.
On 08/11/2026, the Department received a report of another medication error that occurred at the facility. Staff, S1, accidentally gave resident, R1, another residents, R2, medication. The medication was prepared in advance and the wrong cup was given. S1 noticed the error immediately and attempted to have R1 spit the pills out, but all but two pills were swallowed. S1 contacted emergency personnel due to a possible allergic reaction. R1 was taken to the emergency room for observation and returned.
On 08/15/2026, staff, S2, accidentally gave resident, R3, another residents, R4, medication. The medication was prepared in advance and the wrong cup was given. S2 noticed the error immediately and notified their supervisor. Medications were compared to allergy list and none were observed. Notification to the physician was completed and staff observed R3's vitals as instructed.
This is a repeat violation in a 12 month period. An immediate civil penalty is being issued in the amount of $250.
On 08/20/2026, the facility received a telephone call from a resident's, R5, family member informing them the resident was currently at the post office. The facility staff were not aware R5 had left the building. LPA reviewed resident records and observed R5 has poor hazard awareness and is to be escorted when away from the facility. Facility escorted R5 back to the facility and enhanced their observation to ensure resident was safe.
Deficiencies are cited from the California Code of Regulations (CCRs), and/or the Health and Safety Code. Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.
This report was reviewed with Alma Peralta and Appeal rights were given.

Kimberley Mota
Christopher Arnhold

	**DATE:** 08/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	**DATE:** 08/21/2026

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.

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Created By: Christopher Arnhold On 08/21/2026 at 10:16 AM
Link to Parent Document Below:

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

FACILITY NAME: SEQUOIA SPRINGS SENIOR LIVING COMMUNITY **FACILITY NUMBER:** 126803830

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/21/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 08/22/2026 **Section Cited** CCR 87465(a)(4)	1 2 3 4 5 6 7	87465 Incidental Medical and Dental Care:(4) The licensee shall assist residents with self administered medications as needed. This requirement is not met as evidenced by: Based on records reviewed, Licensee did not ensure resident received assistance with medication as ordered. This poses an	1 2 3 4 5 6 7	Staff was removed from medication duties and facility no longer prepares medication in advance. POC cleared during visit.
	8 9 10 11 12 13 14	Immediate Health, Safety or Personal Rights risk to residents in care. This is a repeat violation within a 12 month period. An immediate civil penalty of $250 is being issued today.	8 9 10 11 12 13 14	
Type A 08/22/2026 **Section Cited** CCR87705(d)	1 2 3 4 5 6 7	87705 Care of Persons with Dementia: (d) The licensee shall ensure that the facility has an auditory device or other staff alert feature to monitor exits on exterior doors and perimeter fence gates accessible to those residents who may be at risk for elopement, as defined in Section 87101, Definitions.	1 2 3 4 5 6 7	Licensee agrees to review elopement plan and address frequency of elopement drills with all staff, regarding elopment and wandering behaviors. Proof of training with participants signature, trainer, & date of training; and elopement plan, as well as what is the facility plan for avoiding elopements,
	8 9 10 11 12 13 14	This requirement is not met as evidenced by: Based on records reviewed and interviews conducted, Licensee did not ensure staff were aware when resident left the building without assistance. This poses an immediate Health, Safety or Personal Rights risk to persons in care.	8 9 10 11 12 13 14	to be submitted to CCL by 09/18/2026. Date for scheduled staff training on Elopements shall be submitted to CCL by 08/22/2026.

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: 08/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/21/2026