

FACILITY EVALUATION REPORT

Facility Number: 019200484
Report Date: 07/17/2025
Date Signed: 07/17/2025 03:38:38 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			
FACILITY NAME: SUNOL CREEK MEMORY CARE		FACILITY NUMBER:	019200484
ADMINISTRATOR/NEWMAN, JOAN		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	5980 SUNOL BLVD	TELEPHONE:	(925) 846-8283
CITY:	PLEASANTON	STATE: CA	ZIP CODE: 94566
CAPACITY: 46		CENSUS: 41	DATE: 07/17/2025
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED TIME VISIT/INSPECTION	02:30 PM
MET WITH: Joan Newman, Executive Director		BEGAN: TIME VISIT/INSPECTION	03:50 PM
		COMPLETED:	
NARRATIVE			
1	On 7/17/2025 at 2:30PM, Licensing Program Analyst (LPA) G. Luk arrived unannounced to conduct		
2	Case Management Inspection in regards to incident report that was received on 7/9/2025. LPA met with		
3	Executive Director, Joan Newman and explained the reason for the visit.		
4			
5	Incident report dated 7/9/2025 states R1 was observed having increased anxiety and yelling. R2		
6	approached R1 trying to calm R1 down. R2 grabbed R1 by the wrist and did not let go. Staff intervene		
7	and residents were separated immediately. Both resident's families and doctors were notified.		
8			
9	During visit, LPA interview staff and reviewed residents' files. Staff stated that residents' were re-		
10	evaluated and there were some medication changes for both residents. Physician's reports for R1 and		
11	R2 stated that both residents have a dementia diagnosis. Staff stated residents did not recall the		
12	incident afterwards and there was no injuries observed.		
13			
14			
15			
16	No deficiencies are being cited on this date.		
17			
18			
19	Exit interview conducted with Joan Newman. A copy of this report provided		
20			
21			
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal			

NAME OF LICENSING PROGRAM ANALYST: Grace Luk

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/17/2025

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