

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 210102866
Report Date: 09/25/2025
Date Signed: 09/25/2025 01:37:38 PM

COMPREHENSIVE INSPECTION

Document Has Been Signed on 09/25/2025 01:37 PM - It Cannot Be Edited

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

FACILITY NAME:	REDWOODS, THE	FACILITY NUMBER:	210102866
ADMINISTRATOR/DIRECTOR:	ELENA DAVIDENKO	FACILITY TYPE:	740
ADDRESS:	40 CAMINO ALTO	TELEPHONE:	(415) 383-1600
CITY:	MILL VALLEY	STATE:	CA
CAPACITY:	150	ZIP CODE:	94941
TYPE OF VISIT:	Case Management - Annual Continuation	CENSUS:	112
MET WITH:	Elena Davidenko, COO & Administrator	DATE:	09/25/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:00 AM
		TIME VISIT/INSPECTION COMPLETED:	01:45 PM

NARRATIVE	
1	License Program Analyst (LPA) Shannan Hansen arrived unnanounced at approximately 9:00 AM to complete an annual inspection that started on 9/23/2025. LPA met with Elena Davidenko, COO/
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5	LPA and facility director conducted inspections of 12 residents apartments, retesting bathroom faucets finding hot water temperatures measured between 99.5 degrees F and 130.6 degrees F falling out of Title 22 acceptable regulation of 105 to 120 degrees F in 6 of 12 resident's bathroom faucets, 3 of which in memory care unit, while touring facility on 9/25/2025 at 9:30 AM (see LIC809D). Although bathroom showers have required grab bars and some have mats and chairs, most showers do not have slip resistant flooring as observed by LPA and facility director. Facility director indicated will work on solution to keep residents safe from harm (see LIC9102TA).
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13	A sample review of ten resident & six staff records was conducted. LPA reviewed resident's files at 10:30 AM on 9/25/2025 and learned that 10 out of 10 residents have an updated reappraisal/needs & care plan on file as well as medical assessments at this time as required by Title 22 Regulation. Medications were centrally stored in a locked medication cart in the facility medication room and in locked medication cart in Memory Care Unit nurses station. Medications and the process were reviewed and inspected. The facility uses electronic medication administration.
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17	LPA conducted a sample reviewed of staff records at 11:45 AM on 9/25/2025 and learned that all facility staff and other individuals who require caregiver background checks have received criminal record clearances or exemptions. In addition, Direct care staff have received the additional training requirements as per Title 22 Regulations and H&S Code. Continue on LIC809C
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NAME OF LICENSING PROGRAM MANAGER:	Bethany Moellers
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/25/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

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California Department of Social Services

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

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: REDWOODS, THE **FACILITY NUMBER:** 210102866
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 09/25/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/26/2025 Section Cited CCR 87303(e)(2)	1 87303(e)(2) Maintenance & Operation. 2 Hot water provided for the use of 3 resident shall be maintained between 4 105 and 120 degrees F. 5 This requirement is not met as 6 evidenced by: 7 Based on observation the facility did not have hot water temperature between 105 &..	1 Facility to ensure hot water temperature 2 is maintained within regulation - 105 to 3 120 F. Facility to submit a LIC 9098 self 4 certification that hot water has been 5 adjusted within regulation by POC date 6 9/26/2025 along with plumbing receipt 7 & begin monitoring for the next 10 days.
	8 .. 120 degrees F in 6 of 12 resident's 9 bathroom faucets (3 in memory care at 10 128 and up) which poses an immediate 11 Health and Safety risk for residents in 12 care. LPA & facility dir. at retesting 13 observed hot water temperature 14 between 99.5 (1) & 120.9 and up in 5 others. degrees F.	8 Administrator/facility director to submit 9 a 10 day log taken from the residnet's 10 bathrooms to CCL by 10/6/2025. 11 ***Facility adjusted hot water during the 12 visit. 13 14
Type B 10/03/2025 Section Cited CCR87411(c)	1 87411(C)(1) Personell Requirements, 2 General- All RCFE staff who assist 3 residents with personal activities of 4 daily living shall receive initial and 5 annual training as specified in Health 6 and Safety Code sections 1569.625 7 and 1569.69. Staff providing care shall receive appropriate training in first aid from persons qualified by such agencies as the American Red Cross.	1 Licensee/Administrator to ensure staff 2 S1 obtain required first aid certification. 3 Submit proof of first aid certification no 4 later than 10/3/25 to clear citation. 5 6 7
	8 Based on LPA's staff record reviews, 9 staff S1 lack required first aid 10 certification, the licensee did not comply 11 with the section cited above in [1] out of 12 [3], which poses/posed a potential 13 health, safety or personal rights risk to 14 persons in care.	8 9 10 11 12 13 14

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		Bethany Moellers
MANAGER:		
NAME OF LICENSING PROGRAM		Shannan Hansen
ANALYST:		
LICENSING PROGRAM ANALYST SIGNATURE:		
		DATE: 09/25/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		
		DATE: 09/25/2025

Created By: Shannan Hansen On 09/25/2025 at 01:08 PM
Link to Parent Document Below:

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Type B 10/03/2025 Section Cited CCR 87411(f)	1	87411(f)Personnel Requirements – General All personnel, including the licensee and administrator, shall be in good health, and physically and mentally capable of performing assigned tasks. Good physical health shall be verified by a health screening, including a chest x-ray or an intradermal test, performed by a physician not more than six (6) months prior to or seven (7) days after employment or licensure. This requirement is not met as evidenced by:	1	Licensee/administrator to schedueld staff S3 & S4 to obtain a health screening, and including S2 including a TB test, and results. Licensee to submit copies of the documents by POC due 10/3/25 to LPA. If there are complications Licensee to contact LPA.
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	8	Based on review of records, Staff S3 & S4 did not have a health screening report, including TB test and results & S2 did not have TB results. the licensee did not comply with the section cited above, which poses/posed a potential health, safety or personal rights risk to persons in care.	8	
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	1		1	
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	5		5	
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	7		7	

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