

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 216800331

Report Date: 03/24/2026

Date Signed: 03/24/2026 02:50:08 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	ATRIA TAMALPAIS CREEK	FACILITY NUMBER:	216800331
ADMINISTRATOR/TANCHOCO, CORRINE DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	853 TAMALPAIS AVE	TELEPHONE:	(415) 892-0944
CITY:	NOVATO	STATE: CA	ZIP CODE: 94947
CAPACITY:	180	CENSUS: 112	DATE: 03/24/2026
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 01:05 PM
MET WITH:	Executive Director, Corrine Tanchoco Resident Service Supervisor, Omar Peraza Molina	INSPECTION COMPLETED:	03:05 PM

### NARRATIVE

1 03/24/2026, Licensing Program Analyst (LPA) Loera arrived unannounced to conduct a Case  
2 Management - Incident visit and met with Executive Director, Corrine Tanchoco and Resident Service  
3 Supervisor, Omar Peraza Molina. The purpose of the visit was to follow up on self-reported incident that  
4 were submitted to Community Care Licensing (CCL).  
5  
6 CCL received an incident report on 03/11/2026 stating on 03/10/2026, around 5pm, resident (R1)  
7 reported accidentally consuming peanut sauce during dinner in the dining room. R1 stated he has a  
8 peanut allergy and reported a scratchy throat. 911 was contacted and paramedics arrived to assess R1.  
9  
10 Per conversation with Executive Director, R1 ordered the stir fry and the sauce in the stir fry contained  
11 peanuts to which R1 is allergic to per R1s physicians report (LIC602). Facility has a dietary board  
12 posted in the kitchens for cooking staff to review. Dietary board states R1 is allergic to peanuts.  
13  
14 **Deficiencies are cited from the California Code of Regulations (CCRs), and/or the Health and  
15 Safety Code. Failure to correct the cited deficiency(ies), on or before the Plan of Correction  
16 (POC) due date, may result in a civil penalty assessment.**  
17  
18 Exit interview conducted. Copy of report, LIC809D, LIC811, and Appeal Rights provided to Executive  
19 Director.  
20  
21  
22  
23  
24  
25

NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota

NAME OF LICENSING PROGRAM ANALYST: Anthony Loera

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 03/24/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 03/24/2026

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

LIC809 (FAS) - (06/04)

California Health &amp; 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 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: Anthony Loera On 03/24/2026 at 01:52 PM**  
**Link to Parent Document Below:**

<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          , 1450 NEOTOMAS AVENUE, STE. 100          SANTA ROSA, CA 95405</p>
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**FACILITY NAME:** ATRIA TAMALPAIS CREEK

**FACILITY NUMBER:** 216800331

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 03/24/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Type A 03/25/2026 Section Cited CCR 87555(b)(7)</p>	<p>1 87555 General Food Service 2 Requirements (b) The following food 3 service requirements shall apply: (7) 4 Modified diets prescribed by a 5 resident's physician as a medical 6 necessity shall be provided. This 7 requirement is not met as evidenced by: based on observations made and record review, the Licensee did not</p>	<p>1 Licensee to submit self-certification that 2 in-service training will be conducted for 3 dining/kitchen staff by POC due date of 4 03/25/2026. Training to include: Date, 5 Topic, Name/Job, and Signatures. Proof 6 of completed training to be submitted 7 by 04/17/2026.</p>
	<p>8 comply with the section above and did 9 not ensure that R1 was provided their 10 modified diet. This poses an immediate 11 health &amp; safety risk to the residents in 12 care. 13 14</p>	
	<p>1 2 3 4 5 6 7</p>	
	<p>1 2 3 4 5 6 7</p>	

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Kimberley Mota
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Anthony Loera

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/24/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/24/2026