

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 236803448
Report Date: 01/27/2026
Date Signed: 01/27/2026 12:27:40 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
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FACILITY NAME:	MOUNTAIN VIEW ASSISTED LIVING	FACILITY NUMBER:	236803448
ADMINISTRATOR/DIRECTOR:	ZENIA SHAH	FACILITY TYPE:	740
ADDRESS:	1343 S DORA ST	TELEPHONE:	(707) 532-0678
CITY:	UKIAH	STATE:	CA
CAPACITY:	64	ZIP CODE:	95482
TYPE OF VISIT:	Case Management - Incident	CENSUS:	51
		DATE:	01/27/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	08:30 AM
MET WITH:	Lindsey Weist	TIME VISIT/INSPECTION COMPLETED:	12:45 PM

NARRATIVE	
1	At approximately 8:30AM, Licensing Program Analyst (LPA) Chris Arnhold arrived at this facility
2	unannounced, to conduct a case management visit in regards to an Self Reported alleged abuse. On
3	01/24/2026, Resident, R1, told staff that a strange man came into their room the night before and
4	sexually assaulted them. LPA met with Special Projects Administrator Lindsey Weist, toured the building,
5	interviewed staff and reviewed records. LPA toured the building and inspected all the exterior doors of
6	the facility. The main entry door to the facility is locked in evening to prevent outside individuals from
7	entering the building without staff knowledge. The door is set up for delayed egress from the inside
8	when the door is locked. The remaining 4 exit doors are all locked to prevent access from the outside.
9	The doors have alarms connected to the door release from the inside to alert staff if someone leaves
10	using these exits. LPA verified all the doors were locked and the alarms were engaged. LPA reviewed
11	staffing schedules and observed there were no male staff working as caregivers on any shift. Based on
12	interviews conducted, there were no signs of any visitors in the facility during the time frame given by
13	the resident. After being informed of the incident, facility reported the incident to responsible party and
14	notified law enforcement. R1 was taken to the hospital for evaluation. No signs of abuse were found.
15	Due to night shift staff not being present during LPA's visit, LPA will need additional time to complete this
16	investigation.
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18	No citations issued during today's visit.
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NAME OF LICENSING PROGRAM MANAGER:	Kimberley Mota
NAME OF LICENSING PROGRAM ANALYST:	Christopher Arnhold

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/27/2026

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.