

Department of  
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 236803448  
Report Date: 07/20/2026  
Date Signed: 07/20/2026 01:11:16 PM

Document Has Been Signed on 07/20/2026 01:11 PM - It Cannot Be Edited

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

|                          |                               |                         |                  |
|--------------------------|-------------------------------|-------------------------|------------------|
| FACILITY NAME:           | MOUNTAIN VIEW ASSISTED LIVING | FACILITY NUMBER:        | 236803448        |
| ADMINISTRATOR/ZENIA SHAH |                               | FACILITY TYPE:          | 740              |
| DIRECTOR:                |                               |                         |                  |
| ADDRESS:                 | 1343 S DORA ST                | TELEPHONE:              | (707) 532-0678   |
| CITY:                    | UKIAH                         | STATE: CA               | ZIP CODE: 95482  |
| CAPACITY: 64             |                               | CENSUS: 43              | DATE: 07/20/2026 |
| TYPE OF VISIT:           | Case Management - Incident    | UNANNOUNCED TIME VISIT/ |                  |
|                          |                               | INSPECTION              | 10:15 AM         |
|                          |                               | BEGAN:                  |                  |
| MET WITH:                | Zenia Shah                    | TIME VISIT/             |                  |
|                          |                               | INSPECTION              | 01:25 PM         |
|                          |                               | COMPLETED:              |                  |

| NARRATIVE |                                                                                                           |
|-----------|-----------------------------------------------------------------------------------------------------------|
| 1         | At approximately 10:15AM, Licensing Program Analyst (LPA) Chris Arnhold arrived at this facility          |
| 2         | unannounced to conduct a case management visit in regards to several incident reports submitted by        |
| 3         | the facility. LPA met with Executive Director Zenia Shah and reviewed records.                            |
| 4         | On 07/02/2026, the Department received four unusual incident reports regarding a staff (S1) being rude,   |
| 5         | pushy and impatient with residents in care. The facility conducted an investigation and found the         |
| 6         | allegations to be true and terminated S1. LPA received copies of the investigation, staff statements and  |
| 7         | personnel file. The report showed that S1 threw a shoe at a resident, threw a bundled up blanket at a     |
| 8         | resident and pulled strongly on the shorts of a resident, causing the resident pain.                      |
| 9         | On 05/26/2026, the Department received a report of a medication error. Staff, S2, was assisting resident  |
| 10        | with medication and did not realize one of the medications had a hold order. The error was reported       |
| 11        | immediately to the physician and resident was monitored for adverse reactions. S2 was removed from        |
| 12        | medication duties and conducted retraining. S2 no longer works as a medication technician. This is a      |
| 13        | repeat violation in a 12 month period. An Immediate civil penalty is being issued in the amount of \$250. |
| 14        | On 06/01/2026, the Department received a report of unexplained bruising on a residents, R1, arms. R1      |
| 15        | stated that a staff hurt him because they were impatient and grabbed their arm and twisted. Law           |
| 16        | Enforcement was contacted and an internal investigation was conducted. Due to R1 not providing the        |
| 17        | same information during the course of the investigation it is believed the bruises were caused from R1    |
| 18        | hitting their arms on the bed rail and not from staff. There was no supporting evidence to show a staff   |
| 19        | caused the bruising. LPA reviewed R1's history and observed there were several falls in the time period   |
| 20        | that could cause bruising to the arms.                                                                    |
| 21        | Deficiencies are cited from the California Code of Regulations (CCRs), and/or the Health and              |
| 22        | Safety Code. Failure to correct the cited deficiency(ies), on or before the Plan of Correction            |
| 23        | (POC) due date, may result in a civil penalty assessment.                                                 |
| 24        | This report was reviewed with Zenia Shah and Appeal rights were given.                                    |
| 25        |                                                                                                           |

|                     |
|---------------------|
| Kimberley Mota      |
| Christopher Arnhold |

DATE: 07/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/20/2026

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.

**Created By: Christopher Arnhold On 07/20/2026 at 12:12 PM**  
**Link to Parent Document Below:**

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

**FACILITY NAME:** MOUNTAIN VIEW ASSISTED LIVING

**FACILITY NUMBER:** 236803448

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 07/20/2026

| Deficiency Type<br>POC Due Date /<br>Section Number         | DEFICIENCIES |                                            | PLAN OF CORRECTIONS(POCs) |                                                                                                                                                  |
|-------------------------------------------------------------|--------------|--------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Type A<br>07/21/2026<br>Section Cited<br>CCR<br>87465(a)(4) | 1            | 87465 Incidental Medical and Dental        | 1                         | Licensee ensured additional medication training was completed. Staff responsible is no longer a medication technician. POC cleared during visit. |
|                                                             | 2            | Care:(4) The licensee shall assist         | 2                         |                                                                                                                                                  |
|                                                             | 3            | residents with self-administered           | 3                         |                                                                                                                                                  |
|                                                             | 4            | medications as needed. This                | 4                         |                                                                                                                                                  |
|                                                             | 5            | requirement is not met as evidenced        | 5                         |                                                                                                                                                  |
|                                                             | 6            | by: Based on records reviewed and          | 6                         |                                                                                                                                                  |
|                                                             | 7            | interviews conducted, Licensee did not     | 7                         |                                                                                                                                                  |
|                                                             | 8            | ensure medication was given as             | 8                         |                                                                                                                                                  |
|                                                             | 9            | ordered. This poses                        | 9                         |                                                                                                                                                  |
|                                                             | 10           |                                            | 10                        |                                                                                                                                                  |
|                                                             | 11           | an Immediate Safety, Health or             | 11                        |                                                                                                                                                  |
|                                                             | 12           | Personal Rights risk to persons in care.   | 12                        |                                                                                                                                                  |
|                                                             | 13           | ***This is a repeat violation in a 12      | 13                        |                                                                                                                                                  |
|                                                             | 14           | month period. An immediate civil           | 14                        |                                                                                                                                                  |
| Type A<br>07/21/2026<br>Section Cited<br>HSC1569.269        | 1            | penalty is being issued in the amount of   | 1                         | Executive Director terminated staff responsible. POC cleared at time of visit.                                                                   |
|                                                             | 2            | \$250.***                                  | 2                         |                                                                                                                                                  |
|                                                             | 3            |                                            | 3                         |                                                                                                                                                  |
|                                                             | 4            | 1569.269 Enumerated rights;                | 4                         |                                                                                                                                                  |
|                                                             | 5            | severability:(6) To care, supervision,     | 5                         |                                                                                                                                                  |
|                                                             | 6            | and services that meet their individual    | 6                         |                                                                                                                                                  |
|                                                             | 7            | needs and are delivered by staff that      | 7                         |                                                                                                                                                  |
|                                                             | 8            | are sufficient in numbers, qualifications, | 8                         |                                                                                                                                                  |
|                                                             | 9            | and competency to meet their needs.        | 9                         |                                                                                                                                                  |
|                                                             | 10           | This requirement is not met as             | 10                        |                                                                                                                                                  |
|                                                             | 11           | evidenced by: Based on records             | 11                        |                                                                                                                                                  |
|                                                             | 12           | reviewed                                   | 12                        |                                                                                                                                                  |
|                                                             | 13           |                                            | 13                        |                                                                                                                                                  |
|                                                             | 14           |                                            | 14                        |                                                                                                                                                  |
|                                                             | 8            | Licensee did not ensure resident           | 8                         |                                                                                                                                                  |
|                                                             | 9            | received the services to meet their        | 9                         |                                                                                                                                                  |
|                                                             | 10           | needs, due to staff being hostile to       | 10                        |                                                                                                                                                  |
|                                                             | 11           | residents. This poses an Immediate         | 11                        |                                                                                                                                                  |
|                                                             | 12           | Health, Safety or Personal Rights risk     | 12                        |                                                                                                                                                  |
|                                                             | 13           | to residents in care.                      | 13                        |                                                                                                                                                  |
|                                                             | 14           |                                            | 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<br>MANAGER: | Kimberley Mota      |
| NAME OF LICENSING PROGRAM<br>ANALYST: | Christopher Arnhold |

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/20/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/20/2026