

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 286803028

Report Date: 08/07/2025

Date Signed: 08/07/2025 04:03:03 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:	AEGIS ASSISTED LIVING OF NAPA	FACILITY NUMBER:	286803028
ADMINISTRATOR/DIRECTOR:	PAUL OSESO	FACILITY TYPE:	740
ADDRESS:	2100 REDWOOD ROAD	TELEPHONE:	(707) 251-1409
CITY:	NAPA	STATE:	CA
CAPACITY:	56	ZIP CODE:	94558
TYPE OF VISIT:	Required - 1 Year	CENSUS:	48
		DATE:	08/07/2025
		UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 09:15 AM
		INSPECTION	COMPLETED: 04:15 PM
MET WITH:	Paul Oseso, Administrator		

NARRATIVE	
1	At approximately 9:15 AM, Licensing Program Analyst (LPA) Julie Florio arrived unannounced to
2	conduct a required 1-year annual inspection and met with Paul Oseso, Administrator. Facility is an
3	Residential Care Facility for the Elderly (RCFE) with 48 residents in care, 14 of whom reside in the
4	memory care unit. The community has a Hospice waiver for 10 and is approved for 8 bedridden
5	residents.
6	
7	At approximately 10:30 AM, LPA initiated a tour of the community with Administrator and observed the
8	following: Facility is a two story building with evacuation chairs observed at the top of each stairwell.
9	Facility was a comfortable temperature, and passageways were free from obstructions. Water
10	temperature in clients' bathrooms measured within the allowable range of 105 to 120 degrees F per Title
11	22 regulations. LPA observed a supply of paper products available to clients. Closets containing
12	cleaning supplies and other items that could pose a risk were locked. The community has at least two
13	days of perishable food and one week of non-perishable foods, as well as an emergency water supply.
14	Medications were centrally stored and locked. There are covered seating areas and outdoor space for
15	activities. LPA observed an activity schedule, residents engaged in activities, and computers with
16	internet available for resident use.
17	
18	The community's fire extinguishers were observed charged and were last serviced 02/2025. Sprinklers
19	and Smoke and Carbon Monoxide detectors were last inspected by the Napa Fire Department 10/2024.
20	Facility conducts monthly emergency/disaster drills with the last one conducted 07/2025. LPA observed
21	facility's infection control plan and emergency disaster plan which was last updated 07/2022. LPA
22	observed a supply of PPE, emergency supplies, flashlights and a first aid kits throughout the community.
23	
24	
25	continued on LIC809C...

NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers
NAME OF LICENSING PROGRAM ANALYST: Julie Florio

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 08/07/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 08/07/2025

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	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: AEGIS ASSISTED LIVING OF NAPA **FACILITY NUMBER:** 286803028
VISIT DATE: 08/07/2025

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>Continued from LIC809...</p> <p>Facility has a backup generator for emergency preparedness.</p> <p>At approximately 11:15 AM, LPA reviewed seven (7) resident records and seven (7) staff records. Seven (7) out of seven (7) resident's records have all the required paperwork, including current medical assessments and care plans. 7 out of 7 staff records have current required training and current First Aid/CPR certification. Medication and medication records were reviewed and found managed and stored in compliance with regulation.</p> <p>Facility works with residents and their families to coordinate medical and dental visits as well as transportation to and from appointments. Facility does not manage P&I cash resources.</p> <p><u>Updated copies of the following documents are to be submitted to CCL within 30 days of this visit:</u></p> <ul style="list-style-type: none"> -LIC610 - Emergency Disaster Plan -A copy of facility's liability insurance <p>No Deficiencies are cited during inspection.</p> <p>Exit interview conducted with Administrator whose signature on form confirms receipt.</p>

NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers NAME OF LICENSING PROGRAM ANALYST: Julie Florio LICENSING PROGRAM ANALYST SIGNATURE: _____ <div style="text-align: right;">DATE: 08/07/2025</div>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: _____ <div style="text-align: right;">DATE: 08/07/2025</div>
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