

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 286803725
Report Date: 12/08/2025
Date Signed: 12/08/2025 04:35:14 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	VIEWMONT VILLA	FACILITY NUMBER:	286803725
ADMINISTRATOR/SIMI, ANGELINA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	3158 BROWNS VALLEY ROAD	TELEPHONE:	(707) 255-8811
CITY:	NAPA	STATE: CA	ZIP CODE: 94558
CAPACITY: 6		CENSUS: 6	DATE: 12/08/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/	
		INSPECTION	10:30 AM
		BEGAN:	
MET WITH:	Angelina Simi, Administrator	TIME VISIT/	
		INSPECTION	04:45 PM
		COMPLETED:	

NARRATIVE	
1	At approximately 10:30 AM, Licensing Program Analyst (LPA) Julie Florio arrived unannounced to
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7	At approximately 11:30 AM, LPA initiated a tour of the facility with Administrator and observed the following: Facility is a two story home, was a comfortable temperature, and passageways were free from obstructions. All resident rooms are situated on the main floor of facility. The upper and lower level stairs were observed secured by gates and are used for office, storage, and staff lounge space. Water temperatures in residents' bathrooms measured within the allowable range of 105 to 120 degrees F per Title 22 regulations. LPA observed a supply of clean linens, and hygiene, incontinent care, and paper products available for residents. Residents' bedrooms were inspected and observed to have all the appropriate furnishings as outlined in Title 22 regulations. Cabinets containing cleaning supplies and other items that could pose a risk were locked. Facility has at least two days of perishable food and one week of non-perishable foods, as well as an emergency water supply. Medications were centrally stored and locked. There is a shaded seating area in the front and backyards with outdoor space for activities. LPA observed a locked structure on the property which is vacant and has paint and renovation materials inside. LPA observed an empty and sealed hot tub in the rear yard of facility as well as a gated and locked pool. Facility's internet access device broke and facility is in the process of replacing it in order to have an internet access device available for resident use as required per regulation. Facility has internet service available to residents in care and the telephone was tested an operational during inspection.
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NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers
NAME OF LICENSING PROGRAM ANALYST: Julie Florio

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/08/2025

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: VIEWMONT VILLA	FACILITY NUMBER: 286803725
	VISIT DATE: 12/08/2025

NARRATIVE	
1	Continued from LIC809C...
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3	Facility's fire extinguishers were observed charged and were last serviced 09/2025. Smoke and Carbon
4	Monoxide detectors were tested and operational during inspection. The local fire department conducts
5	annual fire inspections of the facility with the the last one conducted last week. Administrator agrees to
6	submit a copy of the final report to the Department upon receipt and within 30 days of today's visit.
7	Facility conducts quarterly disaster drills, and the most recent drill was conducted 10/2025. LPA
8	observed the facility's infection control plan, first aid kit, PPE, and emergency supplies for emergency
9	preparedness. LPA reviewed facility's emergency disaster plan last updated 09/2025.
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11	At approximately 1:30 PM, LPA conducted file review. Three (3) staff files and three (3) resident files
12	were reviewed. All staff files reviewed contained proof of the required training as well as as current First
13	Aid and CPR certifications. All resident files reviewed contained the required documentation.
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15	Administrator states that most of the residents' family members coordinate residents' medical and dental
16	appointments and transportation to and from visits. However, Administrator is available to assist with this
17	as needed. Medications and medication records were inspected and the logs were observed maintained
18	in compliance with regulation. Facility does not handle P&I.
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21	<u>Updated copies of the following documents are to be submitted to CCL within 30 days of this</u>
22	<u>visit:</u>
23	
24	• LIC500 - Personnel Report (updated)
25	• LIC610E - Emergency Disaster Plan (Updated)
26	• Annual Fire Inspection Report
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30	No deficiencies cited during today's inspection.
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32	Exit interview conducted with Administrator whose signature on form confirms receipt of documents.

NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers	
NAME OF LICENSING PROGRAM ANALYST: Julie Florio	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 12/08/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 12/08/2025