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**Department of**

# SOCIAL SERVICES

***Community Care Licensing***

# *FACILITY EVALUATION REPORT*

**Facility Number:** 286804281
**Report Date:** 06/24/2026
**Date Signed:** 06/24/2026 05:02:37 PM

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br>**FACILITY EVALUATION REPORT** | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100<br>SANTA ROSA, CA 95405 |
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|---|---|---|---|---|
| FACILITY NAME: | CALLIGRAPHY NAPA VALLEY | | FACILITY NUMBER: | 286804281 |
| ADMINISTRATOR/ DIRECTOR: | WEGNER, GRANT | | FACILITY TYPE: | 740 |
| ADDRESS: | 4055 SOLANO AVE | | TELEPHONE: | (707) 345-1480 |
| CITY: | NAPA | STATE: CA | ZIP CODE: | 94558 |
| CAPACITY: 240 | | CENSUS: 196 | DATE: | 06/24/2026 |
| TYPE OF VISIT: | Case Management - Incident | UNANNOUNCED | TIME VISIT/ INSPECTION BEGAN: | 12:45 PM |
| MET WITH: | William "Bryce" Groth, Maintenance Director and Designated Responsible Party | | TIME VISIT/ INSPECTION COMPLETED: | 05:15 PM |

## NARRATIVE

On 06/24/2026, at approximately 12:45 PM, Licensing Program Analyst (LPA) Julie Florio arrived unannounced to conduct a Case Management - Incident inspection and met with Heidi Gallagher, Director of Nursing and William "Bryce" Groth, Maintenance Director and Designated Responsible Party. LPA is conducting a case management visit to obtain more information regarding a series of incident reports (IRs) and an SOC341 received by the Department. LPA obtained documents, made observations, and conducted interviews.

On 05/13/2026, the Department received a self-reported incident report (IR) for an incident that occurred on 05/08/2026, involving Resident 1 (R1). On 05/28/2026, the Department received a SOC341 regarding an incident that occurred on 05/26/2026 involving Resident 2 (R2) where it was reported that items were taken from their room. Staff involved were ultimately terminated. On 06/09/2026, the Department received a self-reported IR regarding an elopement on 05/13/2026 of Resident 3 (R3) who per their physician's report dated 08/28/2024 is unable to leave the facility unassisted, (see LIC809D). All required parties were notified in the required time frames, R3's supervision and redirection were increased, and R3 was reassessed and was transferred to the facility's memory care unit the next day. The family ultimately moved R3 to a smaller facility due to R3's increased care needs and finances.

**The following deficiencies were observed (see LIC 809D) and cited from the California Code of Regulations, Title 22, Division 6 of California Regulation. *Failure to correct the deficiency and/or repeat deficiencies within a 12 month period may result in civil penalties.***

**Exit interview conducted with Designated Responsible Party and appeal of rights provided. 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:** 06/24/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 06/24/2026

**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.



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**Created By: Julie Florio On 06/24/2026 at 04:35 PM**
**Link to Parent Document Below:**

| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br>**FACILITY EVALUATION REPORT (Cont)** | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>, 1450 NEOTOMAS AVENUE, STE. 100<br>SANTA ROSA, CA 95405 |
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**FACILITY NAME:** CALLIGRAPHY NAPA VALLEY **FACILITY NUMBER:** 286804281

**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 06/24/2026

| Deficiency Type<br>POC Due Date /<br>Section Number | | DEFICIENCIES | | PLAN OF CORRECTIONS(POCs) |
|---|---|---|---|---|
| Type A<br>06/25/2026<br>**Section Cited**<br>CCR<br>87411(a) | 1<br>2<br>3<br>4<br>5<br>6<br>7 | 87411(a) Personnel Requirements – General Facility personnel shall at all times be sufficient in numbers, and competent to provide the services necessary to meet resident needs.<br><br>This requirement is not met as evidenced by: | 1<br>2<br>3<br>4<br>5<br>6<br>7 | Licensee to submit self-certification that an elopement prevention training has been schduled and/or completed by POC due date of 06/25/2026. |
| | 8<br>9<br>10<br>11<br>12<br>13<br>14 | Based on record review, self-report, and interview conducted with S1, R3 eloped from the community without staff knowledge and staff did not prevent R3 from wandering away from the facility which poses an immediate Health, Safety and/or Personal Rights risk to residents in care. | 8<br>9<br>10<br>11<br>12<br>13<br>14 | |
| | 1<br>2<br>3<br>4<br>5<br>6<br>7 | | 1<br>2<br>3<br>4<br>5<br>6<br>7 | |
| | 1<br>2<br>3<br>4<br>5<br>6<br>7 | | 1<br>2<br>3<br>4<br>5<br>6<br>7 | |

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

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

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 06/24/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 06/24/2026