

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 297005250  
Report Date: 09/04/2025  
Date Signed: 09/04/2025 02:21:30 PM

Document Has Been Signed on 09/04/2025 02:21 PM - It Cannot Be Edited

|                                                        |                                                                                                          |                                                                                                                                                            |                  |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY |                                                                                                          | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100<br>SACRAMENTO, CA 95827 |                  |
| FACILITY EVALUATION REPORT                             |                                                                                                          |                                                                                                                                                            |                  |
| FACILITY NAME: ATRIA GRASS VALLEY                      |                                                                                                          | FACILITY NUMBER:                                                                                                                                           | 297005250        |
| ADMINISTRATOR/PHOEBIE CARCOT                           |                                                                                                          | FACILITY TYPE:                                                                                                                                             | 740              |
| DIRECTOR:                                              |                                                                                                          |                                                                                                                                                            |                  |
| ADDRESS:                                               | 150 SUTTON WAY                                                                                           | TELEPHONE:                                                                                                                                                 | (530) 272-1055   |
| CITY:                                                  | GRASS VALLEY                                                                                             | STATE: CA                                                                                                                                                  | ZIP CODE: 95945  |
| CAPACITY: 116                                          |                                                                                                          | CENSUS: 87                                                                                                                                                 | DATE: 09/04/2025 |
| TYPE OF VISIT: Required - 1 Year                       |                                                                                                          | UNANNOUNCED TIME VISIT/INSPECTION                                                                                                                          | 12:05 PM         |
| MET WITH: Joanna Lehman, Executive Director            |                                                                                                          | BEGAN: TIME VISIT/INSPECTION                                                                                                                               | 02:35 PM         |
|                                                        |                                                                                                          | COMPLETED:                                                                                                                                                 |                  |
| NARRATIVE                                              |                                                                                                          |                                                                                                                                                            |                  |
| 1                                                      | Licensing Program Analyst (LPA) Angela Hood arrived at the facility unannounced and met with the         |                                                                                                                                                            |                  |
| 2                                                      | Executive Director, Joanna Lehman, to conduct a Required-1 Year Inspection.                              |                                                                                                                                                            |                  |
| 3                                                      |                                                                                                          |                                                                                                                                                            |                  |
| 4                                                      | LPA conducted an inspection of the care home to ensure compliance with Title 22 regulations. LPA         |                                                                                                                                                            |                  |
| 5                                                      | observed four (4) bedrooms in Assisted Living, two (2) bedrooms in Life Guidance Memory Care, and        |                                                                                                                                                            |                  |
| 6                                                      | eight (8) common area bathrooms. LPA observed apartments to be properly furnished, with appropriate      |                                                                                                                                                            |                  |
| 7                                                      | bedding and lighting. The bathrooms were in sanitary condition, properly maintained, and the hot water   |                                                                                                                                                            |                  |
| 8                                                      | temperature was observed to be 109.5 degrees F.                                                          |                                                                                                                                                            |                  |
| 9                                                      |                                                                                                          |                                                                                                                                                            |                  |
| 10                                                     | LPA checked the kitchen area for the ability to prepare and store food. Care home has required (2) two-  |                                                                                                                                                            |                  |
| 11                                                     | day perishable and (7) seven-day non-perishable food supply on hand. LPA observed knives, cleaning       |                                                                                                                                                            |                  |
| 12                                                     | products and other toxins to be locked away and inaccessible to residents. LPA observed the outdoor      |                                                                                                                                                            |                  |
| 13                                                     | area and perimeter of the care home to be free of clutter and debris and there appeared to be no         |                                                                                                                                                            |                  |
| 14                                                     | potential safety hazards to the residents in care. Smoke and carbon monoxide detectors are operational.  |                                                                                                                                                            |                  |
| 15                                                     | Fire extinguishers and first aid kits are maintained and ready for emergency use.                        |                                                                                                                                                            |                  |
| 16                                                     |                                                                                                          |                                                                                                                                                            |                  |
| 17                                                     | LPA checked medication storage and found medications to be locked away and inaccessible to the           |                                                                                                                                                            |                  |
| 18                                                     | residents. LPA reviewed four (4) resident files and also reviewed four (4) staff files.                  |                                                                                                                                                            |                  |
| 19                                                     |                                                                                                          |                                                                                                                                                            |                  |
| 20                                                     |                                                                                                          |                                                                                                                                                            |                  |
| 21                                                     | As a result of this visit, no deficiencies were cited per California Code of Regulations, Title 22. Exit |                                                                                                                                                            |                  |
| 22                                                     | interview conducted and copy of report provided.                                                         |                                                                                                                                                            |                  |
| 23                                                     |                                                                                                          |                                                                                                                                                            |                  |
| 24                                                     |                                                                                                          |                                                                                                                                                            |                  |
| 25                                                     |                                                                                                          |                                                                                                                                                            |                  |
| NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty      |                                                                                                          |                                                                                                                                                            |                  |

**NAME OF LICENSING PROGRAM ANALYST:** Angela Hood

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 09/04/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/04/2025

**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.