

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 030317773
Report Date: 08/19/2025
Date Signed: 08/19/2025 12:06:50 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
FACILITY EVALUATION REPORT	

FACILITY NAME:	AMADOR RESIDENTIAL CARE FACILITY	FACILITY NUMBER:	030317773
ADMINISTRATOR/DIRECTOR:	KARLY STURGEON	FACILITY TYPE:	740
ADDRESS:	155 PLACER DRIVE	TELEPHONE:	(209) 223-4444
CITY:	JACKSON	STATE:	CA
CAPACITY:	49	ZIP CODE:	95642
TYPE OF VISIT:	Required - 1 Year	CENSUS:	32
		DATE:	08/19/2025
		UNANNOUNCED TIME VISIT/INSPECTION	09:40 AM
		BEGAN:	
MET WITH:	Karly Sturgeon	TIME VISIT/INSPECTION	12:15 PM
		COMPLETED:	

NARRATIVE	
1	On 8/19/2025, Licensing Program Analyst Arvin Villanueva (LPA) arrived unannounced at this facility to
2	conduct their annual inspection visit. LPA met with Executive Director/Administrator, Karly Sturgeon
3	(S1), and stated the purpose of the visit.
4	Overview: Facility is licensed to serve up to 49 elderly residents, 24 are ambulatory and 22 are non-
5	ambulatory. Facility has bedridden clearance for 3 residents. Facility has a hospice waiver for 10
6	residents.
7	Physical Inspection: Areas inspected include, but not limited to, the kitchen, resident bedrooms,
8	resident bathrooms, common areas and outdoor areas. LPA inspected 3 resident bedrooms and 3
9	resident bathrooms. LPA measured the hot water temperature in the 1 of 3 bathrooms to be at 111
10	degrees Fahrenheit. Fire extinguisher were observed throughout in the hallways and were inspected on
11	6/24/2025. Smoke and carbon monoxide detectors were also observed throughout.
12	Medication room was observed to be inaccessible to residents in care. Kitchen area was observed and
13	is also inaccessible to residents in care.
14	Outdoor area was inspected including fence, gates, ramps and emergency walkways.
15	Record Reviews: Review of 3 of 3 resident files include review of Admission Agreement, Physician
16	Reports, Needs and Services Plan, Centrally Stored Medication Record and Ambulatory Status.
17	Review of 5 staff files include review of background clearance, First Aid/CPR certificate, Health Screen,
18	Initial and Ongoing Training.
19	LPAs also reviewed fire drill/disaster drill records; facility conducts quarterly drills. Last drill was on
20	6/24/25.
21	LPAs was requested a copy of current Liability Insurance Certificate, LIC500 and LIC308 to be
22	submitted to the Department.
23	{con't on 809-C}
24	
25	

NAME OF LICENSING PROGRAM MANAGER:	Stephen Richardson
NAME OF LICENSING PROGRAM ANALYST:	Arvin Villanueva

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/19/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/19/2025

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: AMADOR RESIDENTIAL CARE FACILITY

FACILITY NUMBER: 030317773
VISIT DATE: 08/19/2025

NARRATIVE	
1	Case Management:
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3	LPA also followed up on multiple death reports received between the period of 1/15/25 and 6/4/25.
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5	Report dated 1/12/25, LPA reviewed files for resident (R1). Per review, R1 was on hospice due to
6	Alzheimer's Disease.
7	
8	Report dated 2/8/25, LPA reviewed files for resident (R2). Per review, R2 was on hospice for end-of-life
9	treatment.
10	
11	Report dated 6/4/25, LPA reviewed files for resident (R3). Per review, R3 was on hospice due to
12	Parkinson's Disease and was receiving end of life treatment.
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14	No deficiencies were observed. The reporting appears to be compliant. An exit interview was conducted
15	and a copy of this report was provided.
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NAME OF LICENSING PROGRAM MANAGER: Stephen Richardson	
NAME OF LICENSING PROGRAM ANALYST: Arvin Villanueva	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/19/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/19/2025