

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 312700764
Report Date: 09/30/2025
Date Signed: 09/30/2025 05:02:43 PM

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

FACILITY NAME: SPLENDOR OAKS SENIOR LIVING 2	FACILITY NUMBER: 312700764
ADMINISTRATOR/LEE, KEVIN	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 6056 BIG BEND DR	TELEPHONE: (916) 297-7141
CITY: ROSEVILLE	STATE: CA
CAPACITY: 6	ZIP CODE: 95678
TYPE OF VISIT: Case Management - Deficiencies	CENSUS: 3
	DATE: 09/30/2025
	UNANNOUNCED TIME VISIT/ INSPECTION
	BEGAN: 02:50 PM
MET WITH: staff	TIME VISIT/ INSPECTION
	COMPLETED: 05:10 PM

NARRATIVE	
1	On 9/30/25, LPA Kevin Mknelly met with newly assigned administrator, Angela Chen.
2	The purpose of the visit was to issue citations for violations found in the meeting of
3	9/29/25.
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5	
6	This license is in the process of change of ownership.
7	During the process the licensee failed to follow the following regulations:
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10	87355(c) Criminal Record Clearance (c) A licensee or applicant for a license may
11	request a transfer of a criminal record clearance. By transferring ownership and
12	installing Angela Chen as administrator, the licensee failed to transfer their
13	clearance.
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15	
16	87155(a)(7) Application for License (7) Name and address of owner of facility
17	premises if applicant is leasing or renting. This requirement was not met based on
18	statements that the licensee did not maintain a title or lease for their licensed
19	property.
20	
21	
22	87211(g) Reporting Requirements (g) The licensee shall notify the Department, in
23	writing, within thirty (30) days of the hiring of a new administrator. This requirement
24	was not met based on statements that a new administrator has been in place for
25	greater than 30 days without notice to CCLD.

Deficiencies are noted on the following page.
Report reviewed and copy left at the facility.

NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty

NAME OF LICENSING PROGRAM ANALYST: Kevin Mknelly

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/30/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)
California Health & Human Services Agency

Page: 1 of 3
California Department of Social Services

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.

LIC809 (FAS) - (09/23)

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Created By: Kevin Mknelly On 09/30/2025 at 04:36 PM
Link to Parent Document Below:

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827</p>
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FACILITY NAME: SPLENDOR OAKS SENIOR LIVING 2

FACILITY NUMBER: 312700764

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/30/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 10/01/2025 Section Cited	<ol style="list-style-type: none"> 1 Criminal Record Clearance (c) A 2 licensee or applicant for a license 3 may request a transfer of a criminal 4 record clearance...This requirement 5 was not met based on records and 6 statements that Angela Chen is not 7 associated though is acting administrator. This posed an immediate risk. 		
Type B 10/01/2025 Section Cited	<ol style="list-style-type: none"> 1 Application for License (7) Name and 2 address of owner of facility premises 3 if applicant is leasing or renting. 4 This requirement was not met based 5 on statements that the licensee did 6 not maintain a lease for their licensed 7 property. This posed a potential risk. 		
Type B 10/01/2025 Section Cited	<ol style="list-style-type: none"> 1 Reporting Requirements (g) The 2 licensee shall notify the Department, 3 in writing, within thirty (30) days of 4 the hiring of a new administrator. This 5 requirement was not met based on 6 statements that a new administrator 7 has been in place for greater than 30 days without notice to CCLD. This posed a potential risk. 		

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

NAME OF LICENSING PROGRAM MANAGER:	Maribeth Senty
NAME OF LICENSING PROGRAM ANALYST:	Kevin Mknelly
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 09/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 09/30/2025