

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 312700996
Report Date: 07/01/2025
Date Signed: 07/01/2025 11:59:13 AM

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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:	WELLQUEST GRANITE BAY TENANTCO LLC	FACILITY NUMBER:	312700996
ADMINISTRATOR/MICHAEL TALANI		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(916) 864-9800
ADDRESS:	9747 SIERRA COLLEGE BLVD	ZIP CODE:	95746
CITY:	GRANITE BAY	STATE: CA	
CAPACITY: 135		CENSUS: 118	DATE: 07/01/2025
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 10:20 AM
MET WITH:	Mike Talani, Administrator and Marguerite Guerrero, Business Office Director	TIME VISIT/INSPECTION	COMPLETED: 12:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Sabrina Calzada arrived unannounced to conduct a case
2	management inspection and met with Marguerite Guerrero, Business Office Director and Mike Talani,
3	Administrator, and explained purpose of inspection. The purpose of this case management inspection is
4	to gather documents from a resident's file (R5) who unexpectedly passed in May 2025 and to discuss
5	the following recent incident reports submitted on June 25, 2025.
6	
7	Resident (R1) had an unwitnessed fall on June 23, 25 (9:25 pm) while trying to grab a soda from the
8	refrigerator. Resident sustained a bump on their head and was evaluated by Emergency Medical
9	Technician's (EMT's). Resident refused to go to the emergency room when being evaluated, so the
10	EMT's spoke with resident's family member after determining resident seemed to be fine. Resident was
11	monitored and is doing fine and has not fallen again. Resident is not prone to falls.
12	
13	Resident (R2) had an unwitnessed fall on June 22, 2025 (3:48 am) and was found face down next to
14	their bed. Resident was sent out for further medical evaluation and returned the same day with no new
15	orders. A telephone appointment with the physician occurred on June 26, 2025. Resident will continue
16	with Physical Therapy services and be administered pain medication as needed. Resident recently
17	moved to Memory Care prior to the fall. Resident's care plan was updated recently and staff is
18	proactively toileting resident more during the night to help prevent future falls.
19	
20	Resident (R3) had an unwitnessed fall on June 23, 2025 (4:30 pm) on the outside patio. Resident was
21	sent out for further medical evaluation due to sustaining two skin tears on one arm and complaining of
22	lower back pain. Resident returned the same day with no new orders. Resident will continue with
23	Physical Therapy and Occupational Therapy and begin Home Health for wound care. Resident is doing
24	fine currently.
25	*cont on 809C-1..

NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty NAME OF LICENSING PROGRAM ANALYST: Sabrina Calzada LICENSING PROGRAM ANALYST SIGNATURE: 	DATE: 07/01/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: 	DATE: 07/01/2025
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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.

<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 SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827</p>
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FACILITY NAME: WELLQUEST GRANITE BAY TENANTCO LLC

FACILITY NUMBER: 312700996

VISIT DATE: 07/01/2025

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>809C-1.. Resident (R4) was sent to the emergency room on June 17, 2025 due to their right ankle bleeding and blood pressure dropping. Resident returned the same day with a diagnosis of a hemorrhage and no new orders. Follow up appointments were scheduled with the physician (3) days later, in person, and by video in July. Resident currently takes blood thinners so bleeds easily. Resident is wearing a different kind of footwear that is more cushiony to help with thinning skin.</p> <p>The facility administrator stated there are Physical Therapy and Occupational Therapy services on site, and they are offered to all residents who have had a fall.</p> <p>Additionally, every fall is monitored and logged and discussed weekly with Assisted Living and Memory Care managers. The Administrator stated each fall is analyzed for the cause and what interventions have been implemented.</p> <p>The facility responded quickly and appropriately to each resident fall.</p> <p>There are no citations issued in this report.</p> <p>Exit interview. Copy of report provided.</p>

<p>NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty NAME OF LICENSING PROGRAM ANALYST: Sabrina Calzada LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 07/01/2025</p>
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<p>FACILITY REPRESENTATIVE SIGNATURE:</p>	<p>DATE: 07/01/2025</p>
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