

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 312700996

Report Date: 12/11/2025

Date Signed: 12/11/2025 03:20:13 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:	WELLQUEST GRANITE BAY TENANTCO LLC	FACILITY NUMBER:	312700996
ADMINISTRATOR/DIRECTOR:	MICHAEL TALANI	FACILITY TYPE:	740
ADDRESS:	9747 SIERRA COLLEGE BLVD	TELEPHONE:	(916) 864-9800
CITY:	GRANITE BAY	STATE:	CA
CAPACITY:	135	ZIP CODE:	95746
TYPE OF VISIT:	Case Management - Incident	CENSUS:	71
		DATE:	12/11/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	01:30 PM
MET WITH:	Mike Talani, Administrator	TIME VISIT/INSPECTION COMPLETED:	03:20 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Sabrina Calzada arrived unannounced to conduct a follow up case
2 management inspection and met with Nekia Xavier, Health and Wellness Director, and Mike Talani,
3 Administrator. LPA explained the purpose of the inspection was to deliver findings for an investigation
4 the Department's Investigative Bureau (IB) conducted regarding the non-hospice death of (R1) in May
5 2025.
6 During the course of the investigation, the Department interviewed multiple facility staff, residents and
7 reviewed extensive documentation, including hospital medical records, facility physician's reports, care
8 plans, the incident report (LIC624), and charting notes for (R1). The results of the investigation are as
9 follows:
10
11 Resident (R1) was found on the ground in their room on May 17, 2025, (0808 hours) during morning
12 rounds, and appeared confused and complained of pain in their shoulders. Staff called 9-1-1 and
13 resident was sent out for further medical treatment as having a possible stroke. (R1's) urinalysis
14 revealed a possible infection and (R1) was admitted to the Intensive Care Unit (ICU) with a diagnosis of
15 septic shock, secondary to Urinary Tract Infection (UTI). (R1) passed on May 17, 2025 (1937 hours),
16 and their immediate cause of death is noted as septic shock , with an underlying cause of a Urinary
17 Tract Infection (UTI).
18
19 Multiple facility residents were interviewed and did not express any significant concerns about their
20 health or safety living at the facility. During staff interviews, it was revealed that (R1) had a history of
21 migraines; however, facility staff indicated they had no prior knowledge of (R1) having frequent UTI's
22 and (R1) did not show any signs/symptoms for this prior to being hospitalized. Staff and facility
23 documentation shows that (R1) was independent of services, had meals delivered to their room, and
24 there were no significant changes in (R1's) condition leading up to the fall, including any signs of a UTI.
25 The Health and Wellness Director stated (R1's) only symptom, before being sent to the hospital, was a
headache/migraine, which was a chronic issue. *cont on 809C-1...

NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature box]

DATE: 12/11/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature box]

DATE: 12/11/2025

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

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: 12/11/2025

NARRATIVE	
1	809C-1.. One staff stated (R1's) fall detect alerted the staff who responded right away and (R1) stated
2	they were "okay" but was in an out of consciousness. One staff recalls (R1) falling a week before and
3	had scratched her head; however, (R1) refused to go to the hospital. EMS was contacted also at that
4	time. Facility charting notes document that (R1) refused to go out for further medical treatment, on
5	4/23/2025, after falling and when the Emergency Medical Technicians were called. The fax cover page
6	also documents this. (R1's) Physician's Report (dated 4/24/2024) notes resident has a history of
7	migraines, Mild Cognitive Impairment, is independent with all ADL's, and can self administer
8	medications.
9	
10	Charting notes also document that on 5/13/2025 (2:47 pm), (R1) reported not feeling well due to having
11	migraines. (R1's) responsible person was contacted and stated that migraines are normal for (R1), they
12	are on medication and have a follow up appointment at the end of the month. At 9:40 pm, on
13	5/13/2025, (R1) was checked on again and "no issues were noted- staff to continue to monitor".
14	There were no additional notes made until resident fell on the morning of 5/17/25. Those notes state that
15	on 5/17/25 (10:04 am) (R1) had an unwitnessed fall in their apartment and was found on the floor.
16	Resident was complaining of pain in both shoulders and their body was shaking while on the floor.
17	Resident appeared confused and stated they lived at a prior care facility. 911 was called for evaluation
18	and resident was taken to Emergency Room. Hospital notes indicate that 911 responders noticed a
19	facial droop and confusion.
20	
21	The Physician's Report (dated 6/18/2024) says (R1) did not require assistance with mobility,
22	transferring, bathing, grooming, dressing and toileting and was independent with medications. (R1's)
23	responsible person was notified and asked that staff ensure medications were available to (R1) as they
24	had an upcoming doctor's appointment. Hospital medical records note a primary cause of death as
25	Urinary Tract Infection (UTI) and a secondary cause as Septic Shock. The county death
26	certificate notes the immediate cause of death to be Septic Shock (onset of hours) and a UTI
27	(onset of days). The administrator discussed and provided documentation showing that migraines and
28	UTI's have many of the same signs/symptoms.
29	Based on information obtained, the Department was not able to substantiate that (R1) passed
30	due to the facility's staff neglect/failure to seek timely medical care.
31	
32	Also, it was clarified during today's inspection that staff (S1), who was interviewed during the
	investigation, is appropriately cleared/associated to the facility and had a name change.
	Exit interview. Copy of report provided.

NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty	
NAME OF LICENSING PROGRAM ANALYST: Sabrina Calzada	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 12/11/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 12/11/2025
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