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**Department of**

# SOCIAL SERVICES

***Community Care Licensing***

# *FACILITY EVALUATION REPORT*

**Facility Number:** 315001843
**Report Date:** 07/23/2026
**Date Signed:** 07/23/2026 05:13:05 PM

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br>**FACILITY EVALUATION REPORT** | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100<br>SACRAMENTO, CA 95827 |
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|---|---|---|---|---|
| FACILITY NAME: | VISTA ROSEVILLE MEMORY CARE | | FACILITY NUMBER: | 315001843 |
| ADMINISTRATOR/ DIRECTOR: | ABIGAIL VUE | | FACILITY TYPE: | 740 |
| ADDRESS: | 1 SOMER RIDGE DR | | TELEPHONE: | (916) 773-5955 |
| CITY: | ROSEVILLE | STATE: CA | ZIP CODE: | 95661 |
| CAPACITY: 40 | | CENSUS: 27 | DATE: | 07/23/2026 |
| TYPE OF VISIT: | Case Management - Incident | UNANNOUNCED | TIME VISIT/ INSPECTION BEGAN: | 03:40 PM |
| MET WITH: | Monica Avalos, Health and Services Director | | TIME VISIT/ INSPECTION COMPLETED: | 05:15 PM |

**NARRATIVE**

Licensing Program Analyst (LPA) Sabrina Calzada arrived unannounced to conduct a case management inspection related to several incident reports (LIC624) recently submitted to the Department. LPA met with Anelise Fusneica, Assistant Administrator and stated the reason for the inspection. LPA later met with Monica Avalos, Health and Services (HSD) Director to discuss each incident report. The facility is a licensed for individuals who have a diagnosis of Dementia. LPA observed several residents, including (R1) ambulating with staff in the common areas.

Resident (R1) exited through the front entrance on July 16, 2026 (2:26 pm) and staff immediately responded after hearing the door alarm. (R1) was located in the facility parking lot. On July 19, 2026 (1:30 pm) from the back door and located (5) minutes later in the parking lot. (R1) did not sustain any visible injuries after each incident. HSD stated that (R1's) medication, Valproic Acid/Depakote was decreased on June 28, 2026 and a week later, (R1) began showing increased aggression and exit seeking behaviors. On July 13, 2026, the HSD and family member discussed increasing the Depakota medication with the physician back to three times daily, and it was. (R1's) aggression has improved already but they are still showing some exit-seeking behaviors, until the new medication dosage takes full effect.

LPA observed (R1) trying to exit, alongside a staff member, during today's inspection. The HSD expects the exit seeking behaviors to improve within the next week. (R1) understands how to open the doors but staff offices are near the front door, and the medication room is near the back door.

Resident (R2) was sent to Emergency Room by home health medical staff on July 21, 2026 due to being confused, lethargic and showing a low heart rate. Lab work was done and (R2's) medications were evaluated with the Depakote dosage being decreased. (R2) returned to the community today, July 23, 2026.

***cont on 809C-1..**

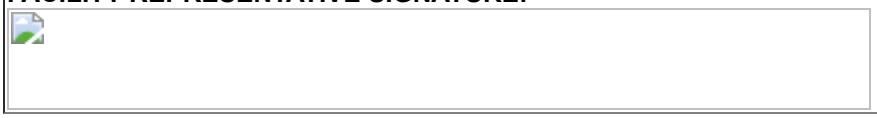
Lauren Crocker

Sabrina Calzada

**DATE:** 07/23/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/23/2026

**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.



| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br>**FACILITY EVALUATION REPORT (Cont)** | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100<br>SACRAMENTO, CA 95827 |
|---|---|

**FACILITY NAME:** VISTA ROSEVILLE MEMORY CARE **FACILITY NUMBER:** 315001843

**VISIT DATE:** 07/23/2026

**NARRATIVE**

809C-1.. Resident (R3) was observed to have swelling on their left leg/foot on July 17, 2026 and was sent to the Emergency Room. The HSD stated the facility had been communicating with home health staff, but they were not coming out to assess (R3), due to apparently not receiving the orders from the doctor. (R3) was seen by their physician on July 10, 2026 and completed blood work on July 13, 2026. The HSD stated that (R3's) condition was gradually becoming worse and after (5) days was sent out after thing to contact home health. (R3) was treated for Cellulitis and Edema and was discharged with a (7)-day antibiotic and (3) days of Lasix. (R3) was approved to be admitted to Home Health on 7/22/26 and will receive nursing, physical therapy and occupational therapy. (R3) has been compliant with taking medications and staff will continue to monitor (R3) and encourage them to elevate their leg.

The facility promptly sent residents (R2) and (R3) out for emergency medical care when observing a significant change in condition.

LPA reviewed (R1's) Physician's Report that notes (R1) is not able to leave the facility unassisted due to their cognitive diagnosis and the associated wandering.

**Per California Code of Regulations, Title 22, Division 6, Chapter 8, the following (1) deficiency is issued due to (R1) being able to leave the facility and enter the parking lot, unassisted, on 7/16/2026 and on 7/19/2026.**

Exit interview. Copy of report and appeal rights provided.

**NAME OF LICENSING PROGRAM MANAGER:** Lauren Crocker
**NAME OF LICENSING PROGRAM ANALYST:** Sabrina Calzada
**LICENSING PROGRAM ANALYST SIGNATURE:**
**DATE:** 07/23/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**
**DATE:** 07/23/2026



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**Created By: Sabrina Calzada On 07/23/2026 at 04:49 PM**
**Link to Parent Document Below:**

| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br>**FACILITY EVALUATION REPORT (Cont)** | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>, 9835 GOETHE ROAD, SUITE 100<br>SACRAMENTO, CA 95827 |
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**FACILITY NAME:** VISTA ROSEVILLE MEMORY CARE **FACILITY NUMBER:** 315001843

**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 07/23/2026

| Deficiency Type<br>POC Due Date /<br>Section Number | | DEFICIENCIES | | PLAN OF CORRECTIONS(POCs) |
|---|---|---|---|---|
| Type A<br>07/24/2026<br>**Section Cited**<br>CCR<br>87705(f)(6) | 1<br>2<br>3<br>4<br>5<br>6<br>7 | 87705 Care of Persons with Dementia (f) Licensees that lock exterior doors or perimeter fence gates shall meet the following initial and continuing requirements: (6) Locked exterior doors or perimeter fences with locked gates shall not substitute for trained staff in sufficient numbers to meet the care and supervision needs of all residents. This requirement is not met as evidenced by: | 1<br>2<br>3<br>4<br>5<br>6<br>7 | The HSD recently conduct staff training on preventing resident elopements. Specifically, you trained staff to wait until the door alarm is bypassed and realarms, 30 seconds after the code is entered. Staff will ensure 30 seconds pass before walking away from the egress door. |
| | 8<br>9<br>10<br>11<br>12<br>13<br>14 | Based on documentation reviewed and an interview conducted, the Licensee did not ensure that resident (R1) was not able to exit the facility, unassisted, on July 16, 2026 (2:26 pm) and on July 19, 2026 (1:30 pm), which posed an immediate health and safety risk to residents in care. (R1) was located in the facility parking lot within 1-2 minutes and 5 minutes, respectively, following each incident, and with no visible injuries. | 8<br>9<br>10<br>11<br>12<br>13<br>14 | Additionally, staff has been providing 1:1 to (R1), when needed, during certain times of the day (1:00 pm- 8:00 pm)<br><br>Documentation of training to be faxed to LPA by 7/27/2026. |
| | 1<br>2<br>3<br>4<br>5<br>6<br>7 | | 1<br>2<br>3<br>4<br>5<br>6<br>7 | |
| | 1<br>2<br>3<br>4<br>5<br>6<br>7 | | 1<br>2<br>3<br>4<br>5<br>6<br>7 | |

**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:** Lauren Crocker

**NAME OF LICENSING PROGRAM ANALYST:** Sabrina Calzada

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/23/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/23/2026