<meta name="robots" content="noindex">

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 317005628
Report Date: 05/29/2026
Date Signed: 05/29/2026 03:25:00 PM

Document Has Been Signed on 05/29/2026 03:25 PM **- It Cannot Be Edited**

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

FACILITY NAME:	ESKATON LODGE GRANITE BAY		FACILITY NUMBER:	317005628
ADMINISTRATOR/ DIRECTOR:	KAY DEVAULT		FACILITY TYPE:	740
ADDRESS:	8550 BARTON RD		TELEPHONE:	(916) 789-0326
CITY:	GRANITE BAY	STATE: CA	ZIP CODE:	95746
CAPACITY: 118		CENSUS: 78	DATE:	05/29/2026
TYPE OF VISIT:	Case Management - Deficiencies	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	01:30 PM
MET WITH:	Meggin Cortez, Executive Director		TIME VISIT/ INSPECTION COMPLETED:	03:35 PM

NARRATIVE

Licensing Program Analyst (LPA) Angela Hood arrived at the care home today and met with the Executive Director (ED), Meggin Cortez, to conduct a case management visit in relation to a separate inspection conducted on today's date, May 29, 2026.

Interview with former ED, Kay Devault, indicated that their minor child would provide volunteer assistance during events at the care home. Former ED indicated that their minor child went through the volunteer program that the facility offers and attended a virtual training. Former ED indicated that their minor child would set up decorations for holiday events, serve water or drinks, fold napkins, and help set up tables. Former ED indicated that their minor child did not work in the kitchen with food. Interviews with staff (S1, S2, S4, S5, and S6) indicated that they witnessed the former ED's minor children serving food from the kitchen area to residents in the dining room. Staff (S3) indicated that they heard from a resident that the former ED's minor children were helping in the kitchen area. Staff interviews also indicated that the former ED's minor children were serving food when the facility was short staffed and not just at special events. According to the facility's plan of operation, the facility's Waitperson job summary indicates "the Waitperson is responsible for the set-up, delivery and clean-up of the meal period for which he/she is responsible." Some of the essential job functions include: taking resident meal orders in accordance with prescribed diets, preferences, dislikes and food allergies in an accurate and courteous manner and provide service, and familiar with food service disaster plan. Additional information on the plan of operation indicated that the Waitperson is to work in accordance with established safety guidelines with emphasis on the use of proper body mechanics and safe work practices; wears appropriate safety gear. The Waitperson should attend and participate in appropriate

**********Continued on LIC809-C**********

NAME OF LICENSING PROGRAM MANAGER: Laura Munoz
NAME OF LICENSING PROGRAM ANALYST: Angela Hood

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/29/2026

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 **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827

FACILITY NAME: ESKATON LODGE GRANITE BAY **FACILITY NUMBER:** 317005628
VISIT DATE: 05/29/2026

NARRATIVE

in-service and department meetings. The educational qualifications for a Waitperson is to be a high school graduate or equivalent G.E.D., preferred. They should also have completed the California Food Handler training. The facility did not have any documentation regarding any volunteer training completed by the former ED's minor children.

As a result of today's inspection, a deficiency is being cited pursuant to California Code of Regulations, Title 22, Division 6, Chapter 8. Deficiency is listed on the 809-D page.
Exit interview was conducted. A copy of this report and appeal rights were provided.

NAME OF LICENSING PROGRAM MANAGER: Laura Munoz
NAME OF LICENSING PROGRAM ANALYST: Angela Hood
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 05/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/29/2026

Document Has Been Signed on 05/29/2026 03:25 PM **- It Cannot Be Edited**

Created By: Angela Hood On 05/29/2026 at 01:47 PM
Link to Parent Document Below:

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

FACILITY NAME: ESKATON LODGE GRANITE BAY **FACILITY NUMBER:** 317005628

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 05/29/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 06/12/2026 **Section Cited** CCR 87208(a)	1 2 3 4 5 6 7	87208 Plan of Operation (a) The licensee shall have and maintain a current, written definitive plan of operation for the facility. The licensee shall operate the facility in accordance with the terms specified in the plan of operation and may be cited for not doing so pursuant to Health and Safety Code section 1569.49. The plan and related materials shall be on file in the facility and shall be submitted to the licensing agency with the license application. Any significant changes in the plan of operation which would affect the services to residents shall be submitted to the licensing agency for approval. This requirement is not met as evidenced by:	1 2 3 4 5 6 7	Facility will complete a statement of understanding regarding operation in accordance with the plan of operation and submit to LPA by the POC due date of 6/12/26. Facility provided LPA with new plan of operation, which is pending review.
	8 9 10 11 12 13 14	Based on documentation obtained and interviews conducted, the facility did not ensure to operate in accordance with the terms specified in the plan of operations, which poses a potential health, safety, and personal rights risk to residents in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 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: Laura Munoz

NAME OF LICENSING PROGRAM ANALYST: Angela Hood

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/29/2026