

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 340312763

**Report Date:** 01/12/2026

**Date Signed:** 01/12/2026 02:21:25 PM

**Document Has Been Signed on** 01/12/2026 02:21 PM - **It Cannot Be Edited**

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

FACILITY NAME:	MERCY MCMAHON TERRACE	FACILITY NUMBER:	340312763
ADMINISTRATOR/GIAM ALVIEDO DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	3865 J STREET	TELEPHONE:	(916) 733-6510
CITY:	SACRAMENTO	STATE: CA	ZIP CODE: 95816
CAPACITY:	189	CENSUS:	115
TYPE OF VISIT:	Required - 1 Year	DATE:	01/12/2026
		UNANNOUNCED TIME VISIT/INSPECTION	09:45 AM
		BEGAN:	
MET WITH:	Giam Alviedo and Irene Charnell	TIME VISIT/INSPECTION	02:30 PM
		COMPLETED:	

### NARRATIVE

1 On January 12, 2026, at 9:45 AM, Licensing Program Analyst (LPA) Avelina Martinez made an  
2 unannounced visit to this facility to conduct an annual required inspection. LPA Martinez met with Giam  
3 Alviedo and Irene Charnell and explained the purpose of today's visit.  
4  
5 LPA inspected the physical plant including but not limited to the kitchen, dining room, resident  
6 bedrooms; resident bathrooms, laundry room, activity room, and outside courtyards of the facility to  
7 ensure compliance with Title 22 regulations.  
8  
9 The facility is licensed for 189 residents. 89 residents may be ambulatory and 100 residents may be  
10 non-ambulatory. There are currently 115 residents who reside at this facility. The facility has an approved  
11 hospice waiver for 28.  
12  
13 The LPA Martinez toured the facility with Giam Alviedo and Irene Charnell on January 12, 2026 at 11:00  
14 AM.  
15  
16 LPA Martinez reviewed ten resident files and ten staff files. LPA Martinez observed the files to  
17 maintained and complete. LPA Martinez reviewed two medication administration records, which were  
18 complete and maintained. The facility has a medication room, and first aid kit. The facility has an  
19 infection control plan and a disaster plan. The last fire drill was on December 12, 2025. The last fire  
20 inspection was conducted on April 30, 2025. Facility water temperature measured at 106 degrees, and  
21 the facility temperature measured at 73 degrees. Facility common areas, resident bedrooms, and  
22 resident bathrooms were furnished and sanitary. The facility kitchen is sanitary, and the facility had an  
23 adequate food supply. During today's tour of facility kitchen, LPA Martinez observed a couple of canned  
24 foods were expired. A technical violation was given and expired canned foods were removed.  
25

Continued...

**NAME OF LICENSING PROGRAM MANAGER:** Czarrina A Camilon-Lee

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature box]

DATE: 01/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature box]

DATE: 01/12/2026

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

**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  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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**FACILITY NAME:** MERCY MCMAHON TERRACE

**FACILITY NUMBER:** 340312763

**VISIT DATE:** 01/12/2026

NARRATIVE	
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	LPA Martinez observed a water feature located at the courtyard. LPA Martinez will follow up on the water feature at a late date. During today's annual inspection, a technical violation was given to the facility. There were deficiencies cited at this annual inspection. An exit interview was held, and a copy of this report was given to the facility at the end of this visit.

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Czarrina A Camilon-Lee
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Avelina Martinez
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>
<b>DATE:</b> 01/12/2026

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>
<b>DATE:</b> 01/12/2026