

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 342700077

Report Date: 12/19/2025

Date Signed: 12/19/2025 01:20:58 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:	COURTE AT CITRUS HEIGHTS, THE	FACILITY NUMBER:	342700077
ADMINISTRATOR/DIRECTOR:	AMY BOLLIER	FACILITY TYPE:	740
ADDRESS:	6825 SUNRISE BLVD	TELEPHONE:	(916) 721-0644
CITY:	CITRUS HEIGHTS	STATE:	CA
CAPACITY:	48	ZIP CODE:	95610
TYPE OF VISIT:	Office	CENSUS:	34
		DATE:	12/19/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	11:00 AM
MET WITH:	Amy Bollier, Regional Support, Madeline Noble, Director of Finance and Wendy Souders, VP	TIME VISIT/INSPECTION COMPLETED:	11:15 AM

NARRATIVE

1 On December 19, 2025 at 11:00 am, a virtual office meeting was held with Sacramento North Regional
2 Office using Microsoft Teams. Present in the meeting was: Licensee's Director of Finance, Madeline
3 Noble, Wendy Souders, VP, and Amy Bollier, Regional Director, Acting Regional Manager (RM) Maribeth
4 Senty, Licensing Program Manager (LPM) Troy Ordonez, and Licensing Program Analyst (LPA) Sabrina
5 Calzada.
6
7 The purpose of today's meeting was to discuss some current concerns regarding the pending change in
8 ownership to the Licensee, on /around January 1, 2026.
9
10 RM began the meeting with introductions and stated that The Department (CDSS) has worked diligently
11 to expedite the application to help ensure a seamless transition to the new ownership. The following
12 specific concerns were discussed:
13
14 • Facility phone service was temporarily disconnected on 12/18/25. Regional Director stated the bill
15 was not received timely due to a billing address error, and the bill has been paid in full. Phone
16 service confirmed to be active as of 12/19/25.
17
18 • The (30) day notice issued to residents/responsible persons on 12/1/25- doesn't address a
19 change in payee. The Department requested a follow up email be sent ASAP advising of this
20 change. VP stated there is a meeting scheduled on 12/22/25 (all day) with the new ownership
21 and resident families to discuss the payee change. RM requested a copy of the meeting notice
22 be provided to CDSS- **Letter was received following today's meeting (11:30 am).**
23
24 • The trash bill was not paid due to challenges with the vendor. Bill has been paid in full.
25
• An inspection has been scheduled to refuel the generator to the required level and service the
generator. Permit renewal fee was paid 12/19/25. ***cont on 809C-1..**

NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature box]

DATE: 12/19/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature box]

DATE: 12/19/2025

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 III, 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: COURTE AT CITRUS HEIGHTS, THE **FACILITY NUMBER:** 342700077
VISIT DATE: 12/19/2025

NARRATIVE	
1	809C-1..
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3	
4	• Broken kitchen appliances and supply of pots/pans, glasses. Director of Finance stated she
5	would check with their legal counsel to confirm what was discussed with the buyer and what is
6	included in escrow regarding appliances. Additional pots/pans have now been ordered as well as
7	additional glasses.
8	• LPA asked if any other utility bills are currently past due or will become past due before 1/1/26.
9	VP stated that if the facility receives a shut off notice, they are to alert the Regional Director and
10	Director of Finance right away so that money can be wired to the vendor and the vendor can be
11	alerted.
12	
13	• Attendees from both the Department and the Licensee agreed that residents' health and safety is
14	of the highest priority during the ownership transition. VP stated she has "no concerns" of
15	residents' safety at this time, when asked, and the current Licensee will cooperate with the
16	Department in ensuring a smooth transition and to prevent any delays, until on/around 1/1/26,
17	when the new license is issued.
18	
19	• All attending agreed that all outstanding items discussed today will be resolved before
20	1/1/2026.
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22	
23	
24	
25	There are no deficiencies issued in this report.
26	
27	A copy of this report, and appeal rights, were emailed to the Director of Finance, following today's virtual
28	meeting. A signed copy will be returned to the LPA by COB December 19, 2025.
29	
30	
31	
32	

<p>NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty NAME OF LICENSING PROGRAM ANALYST: Sabrina Calzada LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 12/19/2025</p>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<p>FACILITY REPRESENTATIVE SIGNATURE:</p>	<p>DATE: 12/19/2025</p>
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