

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 342700594

**Report Date:** 02/12/2026

**Date Signed:** 02/12/2026 12:13:02 PM

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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:	WOODLAKE, THE	FACILITY NUMBER:	342700594
ADMINISTRATOR/PETER BLANCHARD DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	1445 EXPO PARKWAY	TELEPHONE:	(916) 604-3780
CITY:	SACRAMENTO	STATE: CA	ZIP CODE: 95815
CAPACITY: 0		CENSUS: 0	DATE: 02/12/2026
TYPE OF VISIT:	Case Management - Deficiencies	UNANNOUNCED TIME VISIT/ INSPECTION	BEGAN: 11:00 AM
MET WITH:	Latrice Ross	TIME VISIT/ INSPECTION	COMPLETED: 12:30 PM

### NARRATIVE

1 Licensing Program Analyst (LPA) Avelina Martinez arrived at this facility unannounced on February 12,  
2 2026, at 11:00 AM to conduct a case management visit. LPA Martinez met with Latrice Ross and  
3 explained the purpose of the visit.  
4  
5 The purpose of the visit today, is in response to a learned conduct inimical deficiency and property  
6 inventory list deficiency. It was learned that facility staff members were documenting that they had  
7 completed Incontinent care tasks for R1 when they had not completed the tasks. It was also learned that  
8 upon R1's admission, facility staff did not complete a property inventory list for R1.  
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10 As a result of this visit, the following deficiencies were cited, per Title 22 Regulations. The deficiencies  
11 can be found on 809-D Page. An exit interview was conducted, and a copy of this report was provided to  
12 the facility.  
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**NAME OF LICENSING PROGRAM MANAGER:** Czarrina A Camilon-Lee

**NAME OF LICENSING PROGRAM ANALYST:** Avelina Martinez

**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 02/12/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/12/2026**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 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.

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**Created By: Avelina Martinez On 02/12/2026 at 11:16 AM**  
**Link to Parent Document Below:**

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES          COMMUNITY CARE LICENSING DIVISION          , 9835 GOETHE ROAD, SUITE 100          SACRAMENTO, CA 95827</p>
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**FACILITY NAME:** WOODLAKE, THE

**FACILITY NUMBER:** 342700594

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 02/12/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Type B 02/26/2026 <b>Section Cited</b> HSC 1569.50(3)</p>	<p>1 §1569.50(3) Conduct that is inimical to 2 the health, morals, welfare, or safety of 3 either an individual in or receiving 4 services from the facility or the people 5 of the State of California. This 6 Requirement was not met as evidence 7 by: based on records review and interviews</p>	<p>1 There will be no plan of correction, due 2 to the fact that this facility license has 3 been closed. 4 5 6 7</p>
	<p>8 The Licensee did not ensure staff were 9 not documenting false information on 10 R1's incontinent records. This posed a 11 potential health and safety risk to R1. 12 13 14</p>	
<p>Type B 02/26/2026 <b>Section Cited</b> CCR87506(b)(16)</p>	<p>1 Resident Records 87506(b)(16): Each 2 resident's record shall contain at least 3 the following information: Records of 4 resident's cash resources as specified 5 in Section 87217, Safeguards for 6 Resident Cash, Personal Property, and 7 Valuables. This requirement was not met as evidence by</p>	<p>1 There will be no plan of correction, due 2 to the fact that this facility license has 3 been closed. 4 5 6 7</p>
	<p>8 Based on records review and 9 interviews, the Licensee did not ensure 10 that staff completed a written personal 11 property inventory list upon admission 12 for R1. This posed a potential risk to the 13 health, safety and personal rights of R1. 14</p>	

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Czarrina A Camilon-Lee
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Avelina Martinez

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 02/12/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/12/2026