

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 342700722

Report Date: 09/04/2025

Date Signed: 09/04/2025 01:00:35 PM

Document Has Been Signed on 09/04/2025 01:00 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
<b>FACILITY EVALUATION REPORT</b>		COMMUNITY CARE LICENSING DIVISION	
		SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100	
		SACRAMENTO, CA 95827	
FACILITY NAME: WELLQUEST OF ELK GROVE		FACILITY NUMBER:	342700722
ADMINISTRATOR/ELENA CUEVAS		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS: 8871 E STOCKTON BLVD		TELEPHONE:	(916) 689-1000
CITY: ELK GROVE	STATE: CA	ZIP CODE:	95624
CAPACITY: 170	CENSUS: 107	DATE:	09/04/2025
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN:	09:30 AM
		TIME VISIT/INSPECTION	01:15 PM
MET WITH: Elena Cuevas		COMPLETED:	

NARRATIVE	
1	On 9/4/2025, Licensing Program Analyst, Arvin Villanueva (LPA) arrived unannounced at this facility to conduct
2	their annual inspection visit. LPA met initially met with staff on duty and explained the purpose of the visit. The
3	Administrator Elena Cuevas was notified and arrived shortly after.
4	
5	<b>Overview:</b> Facility is a 3-story building. Facility is licensed to serve up to 170 residents, ages 60 and above.
6	Ambulatory is approved for all 3 floors. Non-ambulatory is approved for the 1st and 2nd floor. Bedridden is
7	approved for the 1st floor only. Facility is approved for 20 bedridden residents. Facility has hospice waiver for 25
8	residents. Facility has clearance for delayed egress in the Memory Care area only.
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10	<b>Physical Inspection:</b>
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12	Areas inspected include, but not limited to, the kitchen, resident units, resident bathrooms, living and dining room
13	and outdoor areas. LPA inspected 5 resident units, both in the Assisted Living (AL) and Memory Care (MC) areas.
14	Each AL units have its own bathroom. MC units have shared bathroom, Jack and Jill style. Hot water temperature
15	taken in resident bathrooms were between 108 and 118 degrees Fahrenheit. Fire extinguishers were observed
16	throughout the hallway and were last inspected on 9/21/2025. Smoke and carbon monoxide detectors were
17	observed throughout. One elevator was tested and found to be in good working condition at this time. Facility has
18	5 stairwells. One stairwell was inspected and an evacuation chair was observed in the 3rd floor.
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20	
21	Outdoor area was inspected. LPA observed outdoor furniture for resident use. Emergency walkways were observed
22	to be unobstructed. Fence and gates were in good condition. One door with delayed egress was tested in the MC
23	area and found to be in good working condition at this time.
24	
25	{809-1}

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Stephen Richardson <b>NAME OF LICENSING PROGRAM ANALYST:</b> Arvin Villanueva <b>LICENSING PROGRAM ANALYST SIGNATURE:</b> 	<b>DATE:</b> 09/04/2025
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**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

<b>FACILITY REPRESENTATIVE SIGNATURE:</b> 	<b>DATE:</b> 09/04/2025
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**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.

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

**FACILITY NUMBER:** 342700722

**VISIT DATE:** 09/04/2025

<b>NARRATIVE</b>	
1	<b>Record Reviews:</b>
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3	Review of 5 resident files was conducted, include, but not limited to, review of Admission Agreement, Physician
4	Reports, Needs and Services Plan, Centrally Stored Medication Record and Ambulatory Status.
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6	Review of 5 staff files include, but not limited to, review of background clearance, First Aid/CPR certificate,
7	Health Screen, Initial and Ongoing Training.
8	
9	LPA also reviewed fire drill/disaster drill records and fire alarm inspection report; facility conducts at least
10	quarterly fire drill. Last fire drill was on 8/23/25 for the NOC shift. Last fire alarm system inspection was on
11	6/16/25. Fire sprinkle system inspection and testing was last conducted on 5/12/25.
12	
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14	LPA requested a copy of current/updated <b>Liability Insurance Certificate, LIC500, LIC308 and LIC610E</b> during
15	this visit.
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17	Per the California Code of Regulations, Title 22, Division 6, Chapter 8, no deficiencies were cited.
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19	Exit interview was conducted with Elena. A copy of the report was provided upon exit.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Stephen Richardson	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Arvin Villanueva	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 09/04/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 09/04/2025
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