

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 342700835
Report Date: 08/18/2026
Date Signed: 08/18/2026 01:18:39 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	CITY CREEK ASSISTED LIVING	FACILITY NUMBER:	342700835
ADMINISTRATOR/CALEB SUMMERHAYS		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(916) 393-2324
ADDRESS:	6254 66TH AVENUE	ZIP CODE:	95823
CITY:	SACRAMENTO	STATE: CA	DATE:
CAPACITY: 121		CENSUS: 114	08/18/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	INSPECTION
			08:28 AM
MET WITH:	Caleb Summerhays and Katelyn Flores	BEGAN:	
		TIME VISIT/	
		INSPECTION	01:33 PM
		COMPLETED:	

NARRATIVE	
1	On 08/18/2026, Licensing Program Analyst (LPA) Pang Lee arrived at City Creek Assisted Living, a Residential Care Facility for the Elderly (RCFE), to conduct the required one-year annual inspection. LPA Lee met with Health Services Director (HSD) Katelyn Flores and requested that HSD Flores notify Facility Designated Administrator (FDA) Caleb Summerhays of the Department's presence at the facility. Brief interviews were conducted with HSD Flores and FDA Summerhays.
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7	LPA Lee and HSD Flores toured the physical plant to evaluate compliance with health and safety requirements for residents in care. Areas inspected included, but were not limited to, the lobby, staff conference room, staff offices, medication room, kitchen, dining room, resident bedrooms and bathrooms, resident lounge, laundry room, and outdoor areas. LPA Lee inspected eleven resident rooms and observed that the rooms were equipped with the required furniture and sufficient lighting. A public telephone was available for resident use in the hallway near the dining room. The required postings were observed throughout the facility. The facility thermostat was observed between 70 to 74 degrees Fahrenheit throughout the facility, which is within the required range of 68 to 85 degrees Fahrenheit. Toxins were observed locked and inaccessible to residents. Sharp knives were observed inaccessible to residents. Medications were also observed to be properly secured and inaccessible to residents. Hot water temperatures were measured at the bathroom sinks in five resident rooms and ranged from 105.4 to 110.8 degrees Fahrenheit, which is within the required range of 105 to 120 degrees Fahrenheit.
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CONTINUED LIC 809-C	

Arielle Pascua	
Pang Lee	

DATE: 08/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/18/2026

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

FACILITY NAME: CITY CREEK ASSISTED LIVING

FACILITY NUMBER: 342700835

VISIT DATE: 08/18/2026

NARRATIVE	
1	LPA Lee toured the dining room and observed sufficient seating for residents in care. The dining room
2	was clean and in good repair. LPA Lee toured the kitchen, inspected the walk-in freezer, and reviewed
3	the facility's exhaust hood inspection, which was last completed on 05/21/2026. The facility maintained a
4	sufficient supply of at least seven days of nonperishable foods and two days of perishable foods.
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6	Fire extinguishers were observed throughout the facility and were last inspected on 06/19/2026. Smoke
7	and carbon monoxide detectors were observed throughout the facility. Smoke detectors were current
8	and in compliance with fire safety requirements. The outdoor area was inspected and contained
9	furniture available for resident use. Emergency walkways were unobstructed, and fences and gates
10	were observed to be in good condition. The facility was observed to be clean, free of odors, and in good
11	repair. Required furniture and sufficient lighting were observed throughout the facility.
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13	LPA Lee reviewed 10 resident files. Records reviewed included, but were not limited to, Admission
14	Agreements, Physician's Reports, Needs and Services Plans, Centrally Stored Medication Records, and
15	ambulatory status documentation. Based on records reviewed it was learned that resident 1 (R1) did not
16	have a TB test in the file, however the R1 does have an appointment scheduled for 08/21/2026 at 2:00
17	PM. LPA Lee also reviewed 11 staff files. Records reviewed included, but were not limited to, criminal
18	background clearances, First Aid/CPR certifications, health screenings, and initial and ongoing training
19	documentation. The records reviewed were observed to be complete.
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21	LPA Lee reviewed the medications of 11 residents and found the medication records and medications to
22	be current and complete. The facility's first aid kit was also inspected and found to be complete. LPA Lee
23	reviewed the facility's fire/disaster drill records, fire alarm system inspection report, and fire sprinkler
24	system inspection and testing records. The facility conducts fire drills at least quarterly. The last
25	documented fire drill was conducted on 05/24/2026. The fire alarm system was last inspected on
26	02/11/2026 and the fire sprinkler system was last inspected and tested on 02/11/2026.
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31	CONTINUED LIC 809-C
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NAME OF LICENSING PROGRAM MANAGER: Arielle Pascua	
NAME OF LICENSING PROGRAM ANALYST: Pang Lee	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/18/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/18/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
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FACILITY NUMBER: 342700835

VISIT DATE: 08/18/2026

NARRATIVE

Moreover, during today's visit, LPA Lee followed up on concerns regarding roaches at the facility that were brought to LPA Lee's attention during the investigation of Complaint Control No. 27-AS-20260608195000.

On 06/15/2026, LPA Lee conducted a visit to the facility and toured nine resident rooms. During that visit, LPA Lee did not observe any live roaches or other insects in the resident rooms; however, one dead roach was observed in the hallway. LPA Lee also toured the kitchen and did not observe any live roaches. Multiple sticky pest traps were observed in the kitchen. HSD Flores stated that the facility experienced concerns with roaches in the kitchen during May 2026; however, the issue has since been addressed. HSD Flores stated that the facility contracts with Official Pest Prevention for pest control services. During May 2026, pest control services were conducted weekly and included treatment of the kitchen and placement of traps throughout the area.

LPA Lee reviewed the facility's pest control records and confirmed that pest control services have been provided from January 2026 to the present. Records indicated that routine pest control services were generally conducted twice per month, with services increased to weekly during May 2026 and continuing into June 2026 and resuming back to twice per month. During today's inspection, LPA Lee toured resident rooms, bathrooms, the dining room, and the kitchen and did not observe any live roaches in the facility. It was learned that the pest control company provided the facility with a monitoring device to detect and track any pest activity.

The following documents were provided to LPA Lee during today's visit:

(1) LIC 308 Designation of Administrative Responsibility

(2) Copy of Administrator Certificate

(4) LIC 610 Current Emergency Disaster Plan

(5) Proof of Current Liability Insurance

(6) LIC 500 Current Personnel Report

Per California Code of Regulations, Title 22 there were no deficiencies cited during today's inspection. An exit interview was conducted, and a copy of this report was left at the facility.

NAME OF LICENSING PROGRAM MANAGER: Arielle Pascua

NAME OF LICENSING PROGRAM ANALYST: Pang Lee

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/18/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/18/2026