

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 342700860  
Report Date: 10/22/2025  
Date Signed: 10/22/2025 11:32:55 AM

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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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: MADISON SQUARE SENIOR LIVING	FACILITY NUMBER: 342700860
ADMINISTRATOR/SHAW, SAMANTHA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 4517 CYCLAMEN WAY	TELEPHONE: (279) 777-5875
CITY: SACRAMENTO	STATE: CA
CAPACITY: 6	ZIP CODE: 95841
TYPE OF VISIT: Case Management - Other	CENSUS: 5
	DATE: 10/22/2025
	UNANNOUNCED TIME VISIT/ INSPECTION
	BEGAN: 09:00 AM
MET WITH: Darius Stir	TIME VISIT/ INSPECTION
	COMPLETED: 11:45 AM

NARRATIVE	
1	On 10/22/25, LPA Kevin Mknelly and LPM Maribeth Senty conducted a case management visit and met
2	with Darius Stir.
3	2 care givers are present for the 4 residents resent.
4	Items discussed:
5	Bedroom 3 recently had a door added for future non-amb fire clearance. A permit was not in place for
6	the work done.
7	Licensee had previously agreed to hire administrators for his two homes. For various reasons the issue
8	is not resolved. Licensee will submit a proposal to the department by 10/29/25.
9	Darius was notified that annual fees have been due since 10/20/25. Darius agreed that fees will be paid
10	today.
11	Other issues discussed- 602s and care plans to be maintained and updated as frequently as needed for
12	resident's current conditions.
13	Training to occur for conditions of residents (i.e. mental health training).
14	
15	As a result of this a deficiency is noted.
16	
17	Report reviewed. copies of the report and appeal rights provided.
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23	
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25	

**NAME OF LICENSING PROGRAM MANAGER:** Maribeth Senty

**NAME OF LICENSING PROGRAM ANALYST:** Kevin Mknelly

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/22/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/22/2025

**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 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.

LIC809 (FAS) - (09/23)

Page: 2 of 3

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**Created By: Kevin Mknelly On 10/22/2025 at 11:16 AM**  
**Link to Parent Document Below:**

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

**FACILITY NUMBER:** 342700860

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 10/22/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)		
Type B 11/14/2025 Section Cited	1 Alterations to Existing Building or 2 New Facilities (a) Prior to 3 construction or alterations, all 4 facilities shall obtain a building 5 permit. This requirement was not met 6 based on statements and records. 7 This posed a potential risk			
	1 2 3 4 5 6 7			
	1 2 3 4 5 6 7			
	1 2 3 4 5 6 7			

**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</b>	Maribeth Senty
<b>MANAGER:</b>	
<b>NAME OF LICENSING PROGRAM</b>	Kevin Mknelly
<b>ANALYST:</b>	

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/22/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/22/2025