

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 342700860

Report Date: 12/15/2025

Date Signed: 12/15/2025 11:59:49 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	MADISON SQUARE SENIOR LIVING	FACILITY NUMBER:	342700860
ADMINISTRATOR/DIRECTOR:	SHAW, SAMANTHA	FACILITY TYPE:	740
ADDRESS:	4517 CYCLAMEN WAY	TELEPHONE:	(279) 777-5875
CITY:	SACRAMENTO	STATE:	CA
CAPACITY:	6	ZIP CODE:	95841
TYPE OF VISIT:	Case Management - Other	DATE:	12/15/2025
		UNANNOUNCED TIME VISIT/INSPECTION	09:25 AM
MET WITH:	Darius Stir	BEGAN:	
		TIME VISIT/INSPECTION	12:00 PM
		COMPLETED:	

NARRATIVE

1 On 12/15/25, Licensing Program Analyst (LPA) Kevin Mknelly, conducted a case
2 management visit while delivering complaint findings and met with Administrator .
3
4
5 12/9/25, the department received a death report of R1's passing on 12/8/25 while in
6 caret.
7 Records review found R1 was diagnosed with hypertension and congestive heart
8 failure. On 10/12/25, R1 experienced a fall and was seen at the hospital. Since that
9 time, it was reported that R1 experienced decline in alertness and nutrition.
10 While R1 had frequent family involvement, Administrator reported observed decline
11 to family of R1 but not to R1's primary physician . Therefore, licensee did not ensure
12 that such changes are documented and brought to the attention of the resident's
13 physician in a timely manner.
14
15
16
17 As a result of this inspection, the following deficiencies were cited on 809-D, per Title
18 22 Regulations, Division 6. (A)This poses an immediate Health and Safety risk to
19 clients/residents in care. (B) This poses a potential Health and Safety risk, or
20 personal rights violation, to clients/residents in care.
21
22
23 Report reviewed. Copy of report and appeal rights provided
24
25

NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty

NAME OF LICENSING PROGRAM ANALYST: Kevin Mknelly


DATE: 12/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/15/2025

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 III, 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: Kevin Mknelly On 12/15/2025 at 11:45 AM
Link to Parent Document Below:

<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 , 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827</p>
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FACILITY NAME: MADISON SQUARE SENIOR LIVING

FACILITY NUMBER: 342700860

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/15/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 12/16/2025 Section Cited CCR 87466	1 Observation of the Resident- The 2 licensee shall ensure that residents are 3 regularly observed for changes in ... 4 and that appropriate assistance is 5 provided when such observation 6 reveals unmet needs. When a physical 7 health condition are observed, the licensee shall ensure that such	1 Licensee agreed to submit a copy of 2 precedures for documenting obserbed 3 changes in residents and the actions to 4 be taken in response to the changes 5 (including notification of physicians). 6 This POC will be submitted by 7 12/16/25.
8 9 10 11 12 13 14	changes such as unusual weight gains or losses or deterioration of mental ability or changes are documented and brought to the attention of the resident's physicial. This requirement was not met based on report, interview and records review. This posed an immedicate risk to R1.	8 9 10 11 12 13 14
1 2 3 4 5 6 7		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.

NAME OF LICENSING PROGRAM	Maribeth Senty
MANAGER:	
NAME OF LICENSING PROGRAM	Kevin Mknelly
ANALYST:	

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/15/2025