

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 342701251
Report Date: 07/23/2026
Date Signed: 07/23/2026 01:30:27 PM

Document Has Been Signed on 07/23/2026 01:30 PM - It Cannot Be Edited

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:	SIERRA LOMA ASSISTED LIVING	FACILITY NUMBER:	342701251
ADMINISTRATOR/ILONA CORPUS		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	3950 ANNADALE LANE	TELEPHONE:	(916) 489-6900
CITY:	SACRAMENTO	STATE: CA	ZIP CODE: 95821
CAPACITY: 94		CENSUS: 77	DATE: 07/23/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	09:00 AM
		BEGAN:	
MET WITH:	Kyle Riley	TIME VISIT/INSPECTION	01:45 PM
		COMPLETED:	

NARRATIVE	
1	On 7/23/26 at 9:00am Licensing Program Analyst (LPA) Kevin Gould arrived at for the purpose of
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5	LPA and DN evaluated the physical plant to ensure the health and safety of the residents in care. Areas inspected are including but not limited to the kitchen, resident bedrooms; resident bathrooms, living and dining room and outdoor areas. LPA observed the facility to be free of odor and clean. LPA did observe some tiles in the kitchen and shower room in need of repair. LPA observed some dented cans in the kitchen that are required to be discarded or returned to vendor. LPA observed that all rooms are equipped with the required furniture and sufficient lighting throughout the facility. LPA observed one of the windows on the door to the interior courtyard is in need of repair and has exposed glass edges that pose a potential hazard to residents.
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15	LPA measured the water temperature, temperature measured at 122 degrees F which does not meet the 105-120 degree Fahrenheit regulation. LPA observed sufficient seven day non-perishable and two day perishable food supplies. Fire extinguishers and smoke detectors are current and in compliance with fire safety. LPA notes the facility had the required carbon monoxide detectors. First aid kit was checked and is complete. LPA observed centrally stored medications. LPA did observed two medication carts in memory care that were unlocked. LPA observed one medication cart in Assisted living with a drawer that would not lock.
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22	Report Continued on LIC 9099-C
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Arielle Pascua	
Kevin Gould	

DATE: 07/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/23/2026

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.

Created By: Kevin Gould On 07/23/2026 at 12:59 PM
Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: SIERRA LOMA ASSISTED LIVING

FACILITY NUMBER: 342701251

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/23/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87309(a)	
Storage Space and Access					
(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on LPA observations, the licensee did not comply with the section cited above as LPA observed several closets, storage areas and or sheds unlocked containing cleaning supplies or other hazardous items which poses an immediate health, safety or personal rights risk to persons in care.				
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	POC Due Date: 07/31/2026				
	Plan of Correction				
1	Facility has agreed to conduct training for all staff on policies and procedures to ensure all storage areas containing hazardous items are locked and secured at all times.				
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	Type A	Section Cited	CCR	87465(h)(2)	

Incidental Medical and Dental Care Services					
(h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on LPA observation, the licensee did not comply with the section cited above as LPA observed two med carts in memory care unlocked and one cart in assisted living with a broken drawer which could no longer be secured which poses an immediate health, safety or personal rights risk to persons in care.				
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	POC Due Date: 07/31/2026				
	Plan of Correction				
1	Facility has agreed to conduct training for all staff on policies and procedures to ensure all storage areas containing medications are locked and secured at all times.				
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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 MANAGER:	Arielle Pascua
NAME OF LICENSING PROGRAM ANALYST:	Kevin Gould
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/23/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/23/2026

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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/23/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87309(c)	
Storage Space and Access					
(c) Except as specified in subsection (d), the licensee shall implement reasonable interventions in order to ensure that nutritional supplements, vitamins, alcohol, cigarettes and other potentially toxic substances, such as certain plants, gardening supplies, and auto supplies, are stored so as not to pose a hazard to residents.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on LPA observations, the licensee did not comply with the section cited above as LPA observed several closets, storage areas and or sheds unlocked containing poisons or other toxic items which poses an immediate health, safety or personal rights risk to persons in care.				
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	POC Due Date: 07/31/2026				
	Plan of Correction				
1	Facility has agreed to conduct training for all staff on policies and procedures to ensure all storage areas containing hazardous items are locked and secured at all times.				
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	Section Cited				

	Deficient Practice Statement				
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	POC Due Date:				
	Plan of Correction				

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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 MANAGER:	Arielle Pascua
NAME OF LICENSING PROGRAM ANALYST:	Kevin Gould
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/23/2026
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FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/23/2026

NARRATIVE	
1	LPA observed several closets or storage rooms/sheds that were not locked and contained items that pose a potential hazard and are required to be locked and secured. LPA observed laundry detergent accessible in unlock laundry room. LPA observed some furniture in memory care is nearing the end of their life span and will soon be in need of replacement.
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5	Per California Code of Regulations, Title 22 the following deficiencies are cited during today's inspection. An exit interview was conducted, and a copy of this report was left at the facility.
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NAME OF LICENSING PROGRAM MANAGER: Arielle Pascua
NAME OF LICENSING PROGRAM ANALYST: Kevin Gould

LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/23/2026
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