

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# ***FACILITY EVALUATION REPORT***

**Facility Number:** 342701306  
**Report Date:** 01/09/2024  
**Date Signed:** 01/09/2024 03:57:14 PM

**Document Has Been Signed on 01/09/2024 03:57 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: MEADOWS SENIOR LIVING, THE	FACILITY NUMBER: 342701306	
ADMINISTRATOR:SELLERS, ALYSSA	FACILITY TYPE: 740	
ADDRESS: 9325 EAST STOCKTON BLVD.	TELEPHONE: (916) 877-7835	
CITY: ELK GROVE	STATE: CA	ZIP CODE: 95624
CAPACITY: 160	CENSUS: 89	DATE: 01/09/2024
TYPE OF VISIT: Prelicensing	UNANNOUNCEDTIME BEGAN: 10:30 AM	
MET WITH: Alyssa Sellers	TIME COMPLETED: 04:00 PM	

### **NARRATIVE**

1 On 1/9/2024, at 10:30am, Licensing Program Analyst (LPA), Arvin Villanueva arrived to conduct an  
2 announced inspection to the above facility for purpose of a pre-licensing evaluation. This pre-licensing is  
3 for Change of Ownership (CHOW). LPA met with the Administrator on record, Alyssa Sellers, and  
4 explained the purpose of the visit.  
5  
6 LPA and the facility administrator toured the facility to ensure compliance of Title 22 regulation. LPA  
7 observed the first floor, second floor, the activity room, dining room, cinema room, elevator, and 10  
8 random resident apartments/units. Facility has a 160-resident capacity for both assisted living and  
9 memory care residents. Currently, there are 89 residents in care, including the 13 residents living in the  
10 memory care area. Facility is a two-story building. Memory care is located on the first floor. Each floor  
11 has medication room. The resident apartments/units are spacious and will easily accommodate the  
12 client's furnishings. There is a shaded area in the yard with tables and chairs. Outdoor passageways,  
13 walkways, driveways, and steps are free from obstructions. LPA did not observe hazards, such as  
14 ladders, gardening tools and/or motorized equipment in the front, back and/or side areas of the facility.  
15 Currently, LPA observe facility is undergoing cosmetic renovation inside, including new paints. Although  
16 renovation is occurring, there are no obstructions of emergency exits and no sharps and toxic material  
17 laying around and being left unattended.  
18  
19 Bedrooms Residents: LPA inspected ten (10) resident apartments/units randomly, two (2) are from the  
20 memory care area. Facility is fire cleared for 6 ambulatory residents, 130 non-ambulatory residents, and  
21 24 for bedridden residents. It is noted in the fire safety inspection that bedridden and non-ambulatory  
22 rooms are interchangeable in this facility. The selected apartments/units inspected were observed to be  
23 furnished with adequate storage for resident belongings.  
24  
25 {Con't to LIC809-C}

**NAME OF LICENSING PROGRAM MANAGER:** Stephen Richardson  
**NAME OF LICENSING PROGRAM ANALYST:** Arvin Villanueva

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 01/09/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 01/09/2024

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

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 (Cont)**

**FACILITY NAME:** MEADOWS SENIOR LIVING, THE

**FACILITY NUMBER:** 342701306

**VISIT DATE:** 01/09/2024

**NARRATIVE**

- 1 {Con't from LIC809}
- 2
- 3 Bathroom: Each apartment/units contain private bathroom. All bathrooms inspected have working toilets,
- 4 wash basins and full baths have showers. There are grab rails next to both the toilets and the showers
- 5 as well as nonskid mats in showers. LPA observed adequate lighting in hallway leading to bathrooms via
- 6 nightlights.
- 7
- 8 Toxins: Toxins are stored and locked at all times.
- 9
- 10 Water temperature: Water temperature in a randomly selected bathroom (in a resident apartment/unit)
- 11 was measured at 119 degrees F.
- 12
- 13 Food Service and Kitchen: Kitchen area and dining area were inspected and in good repair. Knives,
- 14 cutlery and other sharp kitchen utensils are in locked and inaccessible to residents. Food supply was
- 15 adequate and stored in kitchen refrigerator and walk-in pantry and consists of the following: A variety of
- 16 fresh and canned fruit, vegetable and meat food items. Stove burners and oven observed to be in good
- 17 repair.
- 18
- 19 Smoke Detectors: Each of the 10 residents' apartment/unit were observed to have a smoke detector
- 20 and carbon monoxide detectors. Smoke detectors are hardwired and interconnected, and they are fully
- 21 operational.
- 22
- 23 Medications, First-Aid Kit & Book: First aid kit has been inspected which has at least the following:
- 24 thermometer, tweezers, scissors, antiseptic, bandages, gauze and manual which are stored in locked
- 25 cabinet, available for staff use but inaccessible to clients.
- 26
- 27 Clients & Staff Files: Applicant will not be handling cash resources of residents. Records of staff and
- 28 residents are stored in a locked room and accessible to staff.
- 29
- 30 {Con't to LIC809-C}
- 31
- 32

**NAME OF LICENSING PROGRAM MANAGER:** Stephen Richardson

**NAME OF LICENSING PROGRAM ANALYST:** Arvin Villanueva

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 01/09/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/09/2024

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:** MEADOWS SENIOR LIVING, THE

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## NARRATIVE

1 {Con't from LIC809-C}

2

3 Activities: Facility employs an activity director. LPA observed a living room on the first floor with a  
4 fireplace being installed. LPA observed residents doing activities in the activity area on the second floor.  
5 Outside activity area is properly enclosed with self-closing latches and all doors have auditory devices to  
6 monitor exits.

7

8 Pool/Jacuzzi & Pets: LPA did not observe bodies of water at the facility. LPA observed some residents  
9 have pets.

10

11 Component III: Conducted at the Pre-Licensing visit, on 1/9/2024 at The Meadows Senior Living,  
12 information provided about how to operate the facility within substantial compliance. LPA requested  
13 copies of the following documents: LIC 308, current liability insurance, current resident roster, and  
14 current staff roster.

15

16 An exit interview was conducted with Alyssa Sellers, and a copy of this report was provided. Accordingly,  
17 LPA Villanueva will submit a copy of this facility evaluation report to the Central Applications Bureau  
18 (CAB) for review. If the applicant has questions regarding the status of the application, they have been  
19 instructed to communicate with the CAB Analyst assigned to their application.

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**NAME OF LICENSING PROGRAM MANAGER:** Stephen Richardson

**NAME OF LICENSING PROGRAM ANALYST:** Arvin Villanueva

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 01/09/2024

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

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