

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 342701414
Report Date: 09/02/2026
Date Signed: 09/02/2026 03:50:29 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:	LEGACY LANE SENIOR LIVING	FACILITY NUMBER:	342701414
ADMINISTRATOR/ISIKELI TUIKENATABUA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	7610 LA MANCHA WAY	TELEPHONE:	(916) 701-5097
CITY:	SACRAMENTO	STATE: CA	ZIP CODE: 95823
CAPACITY: 14		CENSUS: 13	DATE: 09/02/2026
TYPE OF VISIT:	Case Management - Health Checks	UNANNOUNCED TIME VISIT/ INSPECTION	08:06 AM
MET WITH:	Isikeli Tuikenatabua	BEGAN: TIME VISIT/ INSPECTION	04:11 PM
		COMPLETED:	

NARRATIVE	
1	On 09/02/2026, Licensing Program Analyst (LPA) Pang Lee conducted an unannounced case management visit and met with the facility's designated Administrator, Isikeli Tuikenatabua. LPA Lee conducted a brief interview with the Administrator Tuikenatabua. The facility's current census was 13 residents. The purpose of the visit was to conduct a quarterly follow-up and assess the facility's compliance with the requirements established during the informal conference held on 01/13/2026. The following areas were required to remain in compliance while the facility was under increased monitoring and subject to quarterly visits: • Food Inventory Supplies: LPA Lee observed the facility had sufficient food supplies to meet the required two-day perishable and seven-day nonperishable food supply requirements at the time of the visit. However, it was learned that both the refrigerator and pantry are kept locked at night. Both staff 1 (S1) and staff 2 (S2) admitted to locking the food at night due to a resident 1 (R1) wandering at night and grabbing food out of the areas. Per Administrator Tuikenatabua, who stated that he was not aware staff were locking the area but admitted to locking both the refrigerator and pantry during LPA Lee's visit on 05/12/2026. S1 stated that the areas are kept locked from 7:00 PM to 7:00 AM. • Accountability/Oversight of Licensee and Administrator: Per the informal meeting held on 01/13/2026, the Administrator agreed to conduct monthly self-assessments and mock inspections to ensure ongoing compliance. However, Administrator Tuikenatabua was unable to provide documentation showing these assessments and inspections were being completed monthly other than showing LPA Lee blank assessment forms. CONTINUED LIC 809-C
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Arielle Pascua	
Pang Lee	

DATE: 09/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/02/2026

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 III, 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: LEGACY LANE SENIOR LIVING **FACILITY NUMBER:** 342701414
VISIT DATE: 09/02/2026

NARRATIVE	
1	• Criminal Record Clearances: LPA Lee reviewed staff criminal record clearances and verified that all
2	staff and other individuals requiring caregiver background checks were fingerprint cleared and
3	associated with the facility.
4	
5	• Reporting Requirements: LPA Lee reviewed the Department's Electronic Facility Files and identified
6	the following number of incident reports submitted for each month in 2026: January—1; February—2;
7	March—2; April—2; May—1; June—0; July—0; and August—0. It was learned that R1 was sent out to
8	the hospital on 05/19/2026 and 06/15/2026 and no incident report was provided to the department. It
9	was also learned that R1 has a change in condition. During today's visit, LPA Lee reviewed the facility's
10	incident report binder and observed no incident report regarding R1.
11	
12	• Maintenance and Operation: LPA Lee didn't smell any incontinence odor during today's visit. The
13	facility was clean and in good repair. At 8:18 a.m., LPA Lee observed a bottle of Clorox Multi-Surface
14	Cleaner with Bleach on top of a dresser in resident bedroom #1. No staff or residents were present in
15	the room. The door leading to the courtyard and the bedroom's entry door were open to ventilate the
16	room. At 11:02 a.m., LPA Lee observed bottles of fabric and pet odor eliminator and glass cleaner stored
17	on a shelf in the unlocked garage, making the cleaning products accessible to residents in care.
18	
19	• Record Keeping: LPA Lee reviewed 13 resident files and found four incomplete. The LIC 603A
20	Resident Appraisal, LIC 603 Preplacement Appraisal Information, and LIC 625 Appraisal/Needs and
21	Services Plan for four residents were blank despite being signed by Administrator Tuikenatabua and the
22	residents.
23	
24	• Medication Administration: At 8:23 a.m., LPA Lee observed residents' medications pre-poured into
25	small containers and left unlocked while a resident (R2) reported that they were guarding the
26	medications. LPA advised care staff S1 that medications must remain in their original containers, locked,
27	and inaccessible to residents. S1 moved the medications to the garage; however, the garage remained
28	unlocked. Administrator Tuikenatabua stated that he pre-poured the medications because S1 and S2
29	were new staff and are scheduled for medication training today 09/02/2026 and both staff date of
30	employment was 08/28/2026. At 8:25 a.m., LPA Lee observed multiple residents' eye-drop medications
31	stored in a refrigerator-door bin inside the unlocked garage refrigerator, making the medications
32	accessible to residents in care.
PAGE 2 CONTINUED LIC 809-C	

NAME OF LICENSING PROGRAM MANAGER: Arielle Pascua	
NAME OF LICENSING PROGRAM ANALYST: Pang Lee	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/02/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/02/2026

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

NARRATIVE	
1	At 8:41 a.m., LPA Lee observed three medication bottles on top of a table used by staff in the garage.
2	Throughout the inspection, staff were observed entering and exiting the garage, and the garage door
3	remained unlocked, making the medications accessible to residents in care.
4	
5	LPA Lee reviewed medications and MARs for two residents and found one incomplete. R3's Lisinopril 20
6	mg and Gabapentin 1,000 mg were not documented on the MAR but was in the residents medication
7	bin. Administrator Tuikenatabua stated that the medications were found in R3's room on 09/01/2026 and
8	that R3 independently attends medical appointments, obtains medications without notifying staff, and
9	leaves the facility for church and other activities. However, R3's LIC 602 Physician's Report dated
10	04/27/2026 states that R3 cannot leave the facility unassisted, requires supervision, is occasionally
11	disoriented and non-ambulatory, and cannot store medications independently. The Administrator
12	acknowledged that R3 leaves without supervision despite redirection and that incident reports regarding
13	these occurrences were not submitted to the Department.
14	
15	• Name Tags: Per the informal meeting held on 01/13/2026, the Administrator agreed to implement the
16	use of staff name tags. However, during today's visit, none of the three staff members present were
17	wearing name tags. Per Administrator Tuikenatabua, who stated that he is trying to get approval from
18	Licensee Cleopatra Gardiner in regard to the name tag. A mock name tag was shown to LPA Lee by
19	administrator.
20	
21	• Fire safety and capacity: during today's visit the census is 13 which shows the facility is operating
22	within the capacity of the license.
23	
24	• Change in condition/reappraisals: LPA Lee reviewed Resident 1's (R1's) records and R1 was
25	admitted to the facility on 04/16/2025. According to R1's LIC 602 Physician's Report dated 04/16/2025
26	and the facility's LIC 603 Pre-Placement Appraisal Information dated 04/20/2025, R1 had mild cognitive
27	impairment, required a diabetic diet, and had bowel and bladder impairment with occasional
28	incontinence. R1 was described as mildly forgetful and frequently confused or disoriented. R1 was
29	ambulatory but unable to leave the facility unassisted. R1 required assistance with bathing but was able
30	to groom, eat, and use the toilet independently, although R1 occasionally did not make it to the toilet in
31	time.
32	
PAGE 3 CONTINUED LIC 809-C	

NAME OF LICENSING PROGRAM MANAGER: Arielle Pascua	
NAME OF LICENSING PROGRAM ANALYST: Pang Lee	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/02/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/02/2026

LIC809 (FAS) - (06/04)		Page: 4 of 10
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)		

NARRATIVE	
1	R1's LIC 625 Appraisal/Needs and Service Plan dated 04/21/2025, states that R1 independently
2	performed all activities of daily living (ADLs). It further states that staff would observe and monitor R1
3	daily, document any changes or progress in the communication log, and be responsible for
4	implementing R1's care plan. However, R1's updated LIC 602 Physician's Report, dated 03/09/2026,
5	indicates that R1 had experienced a change in condition. The report states that R1 had dementia, was
6	unable to care for themselves, was unaware of their surroundings, and was consistently confused and
7	disoriented. R1 reportedly became aggressive when staff attempted to assist R1 and engaged in
8	behaviors that did not make sense due to the progression of R1's dementia. The physician's report also
9	indicates that the care home was requesting hospice services.
10	
11	During a complaint visit conducted on 07/30/2026 under complaint control number 27-AS-
12	20260722141948, LPA Lee learned that R1 was admitted to Home Health on 06/09/2026. During the
13	visit, hospice personnel arrived at the facility to evaluate R1; however, R1 was denied for hospice

14 services. It was also learned that R1's condition had changed and that R1 has been defecating on
15 themselves on multiple occasions. According to a True Care Hospice fax cover sheet, R1's condition
16 had continued to decline. The document states that R1 was not eating, was unable to walk, and required
17 assistance with all ADLs. It further states that both R1's responsible party and the facility were
18 requesting a hospice evaluation. Additionally, R1 had been transported to the hospital on multiple
19 occasions, however, the facility did not submit incident reports to Community Care Licensing Division
20 (CCLD) regarding R1's hospital visits or reported changes in condition. Furthermore, the facility did not
21 complete a reappraisal addressing R1's change in condition, despite R1's LIC 625 stating that facility
22 staff were responsible for monitoring R1, documenting changes, and implementing the necessary
23 changes to R1's care plan.
24
25 As a result of today's quarterly visit, deficiencies were cited and can be found on the LIC 809D pages. A
26 civil penalty of \$3,500 was issued during today's visit on LIC 421IM. An exit interview was conducted
27 with Administrator Tuikenatabua and copies of the LIC 809, LIC 809D, LIC 421IM and appeal rights
28 were provided to the Administrator.
29
30
31
32

NAME OF LICENSING PROGRAM MANAGER: Arielle Pascua	
NAME OF LICENSING PROGRAM ANALYST: Pang Lee	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/02/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/02/2026

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: LEGACY LANE SENIOR LIVING

FACILITY NUMBER: 342701414

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/02/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/23/2026 Section Cited CCR 87468.1(a)(3)	1 87468.1(a)(3) Personal Rights of 2 Residents in All Facilities 3 (a) Residents in all residential care 4 facilities for the elderly shall have all of 5 the following personal rights: 6 (3) To be free from punishment, 7 humiliation, intimidation, abuse, or other actions of a punitive nature... This was not met as evidenced by:	1 The Administrator will ensure that 2 pantry and refrigerator will not be 3 locked at all times. Inservice training 4 regarding residents' personal rights in 5 all facility will be conducted and a 6 statement 7
	8 Based on interviews with two residents 9 and two care staff during today's visit, it 10 was learned that the staff are locking up 11 the refrigerator and pantry at night due 12 to R1 wondering and going through the 13 refrigerator and pantry and taking other 14 residents' food and having unclean hand while touching the food. This poses an immediate health and safety and/or personal rights risk to persons in care.	8 acknowledging review and 9 understanding of the cited regulation 10 will be emailed to LPA Lee by 11 09/23/2026 by the end of the day along 12 with staff sign in sheet for the trainings 13 and training materials. 14
Type A 09/23/2026	1 87309(a) Storage Space and Access 2 (a) Except as specified in subsection	1 Administrator agrees to conduct 2 Inservice training on storage space and

Section Cited CCR87309(a)	3	(b), the licensee shall ensure that	3	access training for all staff and ensured
	4	disinfectants, cleaning solutions,	4	that all chemicals are not accessible to
	5	poisonous substances, knives,	5	residents at all times.
	6	matches, tools, sharp objects, and	6	
	7	other similar items which could pose a	7	
		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:		
	8	Based on observation, the	8	Administrator will email LPA Lee
	9	licensee/administrator did not comply	9	training documents; staff sign in sheet
	10	with the section cited above. LPA Lee	10	by 09/23/2026 at the end of day 5:00
	11	observed toxins unlocked and made	11	PM.
	12	accessible to residents in care. This	12	
	13	poses an immediate health, safety, or	13	
	14	personal rights risk to persons in care.	14	

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		Arielle Pascua
MANAGER:		
NAME OF LICENSING PROGRAM		Pang Lee
ANALYST:		
LICENSING PROGRAM ANALYST SIGNATURE:		
		DATE: 09/02/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		
		DATE: 09/02/2026

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: LEGACY LANE SENIOR LIVING

FACILITY NUMBER: 342701414

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/02/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/23/2026 Section Cited CCR 87465(h)(2)	1 87465(h)(2) Incidental Medical and 2 Dental Care 3 (h) The following requirements shall 4 apply to medications which are centrally 5 stored: 6 (2) Centrally stored medicines shall be 7 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.	1 Administrator/licensee stated that they 2 will conduct an Inservice training course 3 on incidental medical and dental care to 4 all staff to ensure that medications are 5 locked at all times. Training documents 6 and staff sign-in sheet will be emailed 7 to LPA Lee by 09/23/20/2026 end of day 5:00 PM.

		This requirement was not met as evidenced by:	
	8 9 10 11 12 13 14	Based on observations and interviews LPA Lee observed medication made accessible to residents in care. This poses an immediate health and safety risk for persons in care.	8 9 10 11 12 13 14
Type A 09/23/2026 Section Cited CCR87465(h)(5)	1 2 3 4 5 6 7	7465(h)(5) Incidental Medical and Dental Care (h) The following requirements shall apply to medications which are centrally stored: (5) Each resident's medication shall be stored in its originally received container. No medications shall be transferred between containers. This requirement was not met as evidenced by:	1 2 3 4 5 6 7
	8 9 10 11 12 13 14	Based observations and interviews with the administrator resident's medication was pre-poured into small container for morning medication pass. This poses an immediate health and safety risk for persons in care.	8 9 10 11 12 13 14

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:	Pang Lee
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/02/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/02/2026

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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FACILITY NAME: LEGACY LANE SENIOR LIVING
FACILITY NUMBER: 342701414

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 09/02/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 09/23/2026 Section Cited	1 2 3	87464(f)(1) Basic Services (f) Basic services shall at a minimum include:	1 2 3	Administrator agrees to conduct Basic Services training for all staff and to include elopement and provide LPA Lee

CCR 87464(f)(1)	4 5 6 7	(1) Care and supervision as defined in This requirement is not met as evidenced by:	4 5 6 7	training documents and a sign-in sheet. Administrator stated that they will also have R3 reevaluated by her PCC. POC due by 09/23/2026 end of day 5:00 PM.
	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	
	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 MANAGER: NAME OF LICENSING PROGRAM ANALYST: LICENSING PROGRAM ANALYST SIGNATURE:	Arielle Pascua Pang Lee 	DATE: 09/02/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 09/02/2026

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Created By: Pang Lee On 09/02/2026 at 03:12 PM
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FACILITY NAME: LEGACY LANE SENIOR LIVING
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 342701414
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Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type B 09/23/2026 Section Cited CCR	1 2 3 4 5	87463(a) Reappraisals. (a) The pre-admission appraisal, as specified in Section 87457, Pre-Admission Appraisal, shall be updated in writing as frequently as necessary or	1 2 3 4 5	Per discussion, the Administrator agreed to update all their residents' care plan. Administrator agreed to create a plan in place to ensure all

87463(a)	6 7	once every 12 months, whichever occurs first, to note significant changes in condition, as defined in Section 87101...	6 7	residents' care plans are updated at least every 12 months or
		This was not met as evidence by:		
	8 9 10 11 12 13 14	Based on record review and interview with administrator, the licensee/administrator did not ensure that they conducted an updated reappraisal for R1 who had a change in condition. This poses potential, health, safety and personal rights risks to persons in care.	8 9 10 11 12 13 14	as needed when there is a change in condition. Administrator will complete a reappraisal for R1 to show R1's change in condition. POC due (09/20/2026 end of day 5:00 PM) to pang.lee@dss.ca.gov
Type B 09/23/2026 Section Cited CCR87211(a)(1)	1 2 3 4 5 6 7	87211(a)(1) Reporting Requirements (a) Each licensee shall furnish to the licensing agency such reports as the Department may require, including, but not limited to, the following: (1) A written report shall be submitted to the licensing agency and to the person responsible for the resident within seven days of the occurrence of any of the events specified in (A) through (D) below...	1 2 3 4 5 6 7	The administrator stated that he will conduct reporting requirement training to all staff and ensure that incident reports are either fax or email to CCLD. Training and staff sign in sheet will be to pang.lee@dss.ca.gov by 09/20/2026 end of day 5:00 PM
		This was not met as evidence by:		
	8 9 10 11 12 13 14	Based on observation, interview, and record review, the licensee/administrator did not comply with the section cited above. The licensee/administrator did not ensure to submit incident reports in regard to resident change in condition, resident being sent out to the hospital and resident's elopement, which poses a potential health, safety or personal rights risk to persons in care.	8 9 10 11 12 13 14	

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		Arielle Pascua
MANAGER:		
NAME OF LICENSING PROGRAM		Pang Lee
ANALYST:		
LICENSING PROGRAM ANALYST SIGNATURE:		
		DATE: 09/02/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		
		DATE: 09/02/2026

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** LEGACY LANE SENIOR LIVING**FACILITY NUMBER:** 342701414**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 09/02/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/23/2026 Section Cited HSC 1569.69(a)(2)	§1569.69(a)(2) Employees assisting residents with self-administration of medication; training requirements (a) Each residential care facility for the elderly licensed under this chapter shall ensure that each employee of the facility who assists residents with the self-administration of medications meets the following training requirements: (2) In facilities licensed to provide care for 15 or fewer persons, the employee shall complete six hours of initial training. This training shall consist of two hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and four hours of other training or instruction, as described in subdivision (f), which shall be completed within the first two weeks of employment. This requirement is not met as evidenced by:	Administrator agrees to conduct Inservice training to include six hours of training, and which two of those six hours will include hands-on-shadowing training regarding medication administration.
	Based on observation, the licensee/administrator did not comply with the section cited above. Per administrator and S1 and S2 no medication training was conducted prior to the staff assisting residents with their medications. This poses a potential health, safety, or personal rights risk to persons in care.	Administrator will email LPA Lee training documents; staff sign the sheet by 09/20/20/2026 end of day 5:00 PM.
Type B 09/23/2026 Section Cited CCR87506(a)	87506(a) Resident Records (a) The licensee shall ensure that a separate, complete, and current record is maintained for each resident in the facility or in a central administrative location readily available to facility staff and to licensing agency staff. This requirement is not met as evidenced by:	Administrator agrees to conduct Inservice training for resident records for all staff. Administrator will email documents used for training and staff sign in sheet by POC due by 09/23/2026 end of day 5:00 PM.
	Based on observation, file review, and interview with the administrator, the licensee/administrator did not ensure that residents files are complete and maintained.	

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

Pang Lee

NAME OF LICENSING PROGRAM

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/02/2026