

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 345920108

Report Date: 03/25/2026

Date Signed: 03/25/2026 11:04:47 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:	OAKWOOD MEADOWS ASSISTED LIVING	FACILITY NUMBER:	345920108
ADMINISTRATOR/TORGERSEN, DANIEL DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	7241 CANELO HILLS DR	TELEPHONE:	(916) 722-2800
CITY:	CITUS HEIGHTS	STATE:	CA
CAPACITY:	78	ZIP CODE:	95610
TYPE OF VISIT:	Case Management - Deficiencies	CENSUS:	74
	UNANNOUNCED	DATE:	03/25/2026
		TIME VISIT/INSPECTION BEGAN:	09:50 AM
MET WITH:	Danny Torgersen, Administrator and Kayla Peria, Director of Care and Admissions	TIME VISIT/INSPECTION COMPLETED:	11:10 AM

NARRATIVE

1 Licensing Program Analyst (LPA) Sabrina Calzada arrived unannounced to conduct a case
2 management inspection and met with Danny Torgersen, Administrator and Kayla Peria, Director of Care
3 and Admissions.
4 LPA stated the reason for today's inspection was to follow up on an email notification received from a
5 related state agency following an inspection conducted on March 16, 2026. The email reads in part, as
6 follows:
7
8 *During the inspection, two emergency fire exits were found to be obstructed. The first exit, situated in*
9 *the Memory Care (MC) area leading to the MC courtyard, was blocked by chairs and a rolling cart. The*
10 *second exit, located in the MC courtyard and providing access to the front of the facility, was obstructed*
11 *by an outdoor glass table.*
12
13 Today, LPA and managers toured the Memory Care Unit and observed all emergency exits to be free of
14 any blockages; however, there was a rolling cart near the interior exit door. The managers explained that
15 on March 16, 2026, a resident bench and rolling cart were placed in front of the interior exit door, and
16 one of the glass patio tables had been moved and was blocking the outside emergency exit door.
17 Managers stated that staff know not to block doors and residents may have moved furniture and were
18 not sure how the furniture was moved prior to the inspection on March 16, 2026 (9:45 am), but a lot of
19 furniture was moved due to new flooring being recently installed. The Director of Maintenance stated
20 staff may have temporarily blocked the interior emergency exit door, if a resident was trying to leave
21 from the secured memory care unit. All managers stated that training is conducted regularly to ensure
22 staff are aware that an emergency exit can never be blocked and the Fire Marshall conducts an annual
23 inspection.
24
25 **Per California Code of Regulations, Title 22, Division 6, Chapter 8, the following (1) deficiency is issued on the 809D page.** Exit interview. Copy of report and appeal rights provided.

NAME OF LICENSING PROGRAM MANAGER: Lauren Crocker

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature box]

DATE: 03/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature box]

DATE: 03/25/2026

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

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.

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Created By: Sabrina Calzada On 03/25/2026 at 10:47 AM
Link to Parent Document Below:

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: OAKWOOD MEADOWS ASSISTED LIVING

FACILITY NUMBER: 345920108

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/25/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/26/2026 Section Cited CCR 87203	1 87203 Fire Safety All facilities shall be 2 maintained in conformity with the 3 regulations adopted by the State Fire 4 Marshal for the protection of life and 5 property against fire and panic. This 6 requirement is not met as evidenced 7 by:	1 Licensee/Administrator agree to 2 conduct a refresher training with all staff 3 to ensure their understanding that 4 emergency exit doors, or other exit 5 doors, cannot be blocked, at any time. 6 Since 2024 or earlier, front desk staff 7 has been touring and checking all exit 8 doors for operation at the start of each 9 shift and will continue to do so.
	8 Based on documentation reviewed and 9 interviews conducted, the Licensee did 10 not ensure that all emergency exit 11 doors remained free of any blockages 12 on March 16, 2026 (9:45 am approx) 13 when an inspection was conducted by a 14 related agency, which posed an immediate health and safety risk to residents in care.	8 Documentation of training conveyed 9 during today's inspection- will be held 10 on April 2, 2026 (Mandatory All Staff). 11 Documentation to be submitted lby April 12 3, 2026. 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	Lauren Crocker
MANAGER:	Sabrina Calzada

NAME OF LICENSING PROGRAM

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:

A rectangular box for the analyst's signature, containing a small icon of a document with a checkmark in the top-left corner.

DATE: 03/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

A rectangular box for the facility representative's signature, containing a small icon of a document with a checkmark in the top-left corner.

DATE: 03/25/2026