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Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 345920108
Report Date: 09/10/2026
Date Signed: 09/10/2026 03:18:31 PM

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

FACILITY NAME:	OAKWOOD MEADOWS ASSISTED LIVING		FACILITY NUMBER:	345920108
ADMINISTRATOR/ DIRECTOR:	TORGERSEN, DANIEL		FACILITY TYPE:	740
ADDRESS:	7241 Canelo Hills DR		TELEPHONE:	(916) 722-2800
CITY:	Citrus Heights	STATE: CA	ZIP CODE:	956103115
CAPACITY: 78		CENSUS: 77	DATE:	09/10/2026
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	01:25 PM
MET WITH:	Kayla Peria, Resident Care Coordinator		TIME VISIT/ INSPECTION COMPLETED:	03:20 PM

NARRATIVE

Licensing Program Analyst (LPA) Sabrina Calzada arrived unannounced to conduct a case management inspection and met with Kayla Peria, Resident Care Coordinator (RCC). LPA stated the reason for today's inspection. LPA was advised the Administrator and Director of Nursing were currently out of the building.
LPA and RCC discussed the following incident reports recently submitted to the Department.

Resident (R1) had a witnessed fall on September 3, 2026 (1:20 am) after falling forward from a bench they were seated on. (R1) hit their head on the floor which resulted in bleeding. Care staff who observed the incident immediately reported it to the Med-Tech on duty, who assessed the resident and provided first aid care. (R1) was promptly sent out for further medical evaluation and returned to the community later that day (9:30 am) with a diagnosis of a fall with a hematoma on the forehead. No medication changes were made. (R1) was admitted to hospice the following day due to showing a decline, prior to the fall , related to eating less and having screaming behaviors. Hospice and Med-Tech staff have continued to provide first aid. LPA observed (R1) to be sitting in the common area of Memory Care during today's inspection, and the hematoma and related bruising on their face to be healing. Staff will continue to monitor (R1) for any needs/changes.

Resident (R2) and resident (R3) had an altercation on September 8, 2026 (4:35 pm). Both residents have a diagnosis of Dementia. (R3) was fiddling with (R2's) items while (R2) was watching television. (R2) became upset and attempted to hit (R3) which resulted in (R3) knocking over (R2's) drinks- both residents then began hitting one another. (3) staff immediately intervened and separated the residents. (R2) went to their room and (R3) finished dinner in the dining room. Both residents were evaluated for injuries and none were noted. The RCC stated this was an isolated incident and (R3) exhibits significantly less behaviors now than previously. There is also an In-House Psych Doctor who visits every other week, or as needed, to evaluate residents with sundowning behaviors. LPA observed (R3) resting in their wheelchair during today's inspection. ***report cont on 809C-1..**

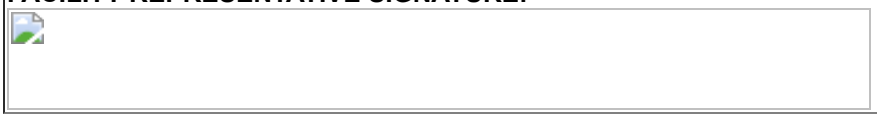
Lauren Crocker

Sabrina Calzada

DATE: 09/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/10/2026

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.

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

FACILITY NAME: OAKWOOD MEADOWS ASSISTED LIVING **FACILITY NUMBER:** 345920108

VISIT DATE: 09/10/2026

NARRATIVE

809C-1.. Resident (R4) and resident (R5) were involved in an unwitnessed altercation on September 5, 2026. Staff immediately responded upon hearing screaming coming from (R4/R5's) shared room. (R5) stated to staff that (R4) kicked them in their leg, and (R4) stated that (R5) hit them and tried to push them out of their wheelchair. Staff immediately contacted the Director of Nursing and then separated the residents, calming them down. Both residents have a diagnosis of Dementia . (R4) was observed to be off baseline following the incident and was sent out for further medical attention. No injuries were noted on (R5). (R4) returned to the community the following morning (2:25 am) with a diagnosis of a Urinary Tract Infection (UTI) and started a (7) day antibiotic course. The RCC stated (R4) is prone to getting UTI's. Staff have continued to provide extra monitoring both residents and will do so for another (5) days.

LPA spoke with (R5) who did not recall the altercation with (R4); however, mentioned that (R4) will "say scary things" in their sleep. The RCC agreed to follow up with the In-House physician for possible medications.

The facility timely submitted an incident report and SOC341 to the Department following each incident. The SOC341 was also provided to the Ombudman's office.

LPA toured the Memory Care Unit and common areas of the Assisted Living Unit during today's inspection. LPA observed many staff and residents to be engaged in various activities in both units.

LPA observed the temperature just outside the door to Memory Care to be slightly higher- The RCC called Maintenance to address it immediately.

LPA did not observe any doors to be blocked, any health or safety risks, or personal rights violations to residents in care. **There are no deficiencies issued in this report.**

Exit interview with the Resident Care Coordinator RCC). Copy of report provided.

NAME OF LICENSING PROGRAM MANAGER: Lauren Crocker
NAME OF LICENSING PROGRAM ANALYST: Sabrina Calzada
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 09/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 09/10/2026