

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 347000389

Report Date: 11/04/2025

Date Signed: 11/04/2025 04:26:09 PM

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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:	ATRIA EL CAMINO GARDENS	FACILITY NUMBER:	347000389
ADMINISTRATOR/STANSEL, DANA DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	2426 GARFIELD AVE	TELEPHONE:	(916) 488-5722
CITY:	CARMICHAEL	STATE:	CA
CAPACITY:	325	ZIP CODE:	95608
TYPE OF VISIT:	Case Management - Deficiencies	CENSUS:	228
		DATE:	11/04/2025
		UNANNOUNCED TIME VISIT/INSPECTION	12:15 PM
MET WITH:	Dana Stansel, Executive Director	BEGAN:	
		TIME VISIT/INSPECTION	04:40 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Angela Hood arrived at the care home today and met with the
2 Executive Director (ED), Dana Stansel, to conduct a case management visit in relation to a separate
3 inspection conducted on today's date, November 4, 2025.
4
5 LPA reviewed resident (R1's) documentation. The facility provided R1's progress notes indicating that
6 R1 was sent to the hospital on January 14, 2025, due to increased confusion and hallucinations. R1 was
7 reassessed by the facility on January 22, 2025, which indicated that R1 required assistance three (3)
8 times per day for orientation "mild/moderate impairment of memory, disorientation, and may display
9 anxiety with memory difficulties. May be perceived as oriented, but memory deficits seen over time.
10 Requires some prompting and encouragement 1 to 3 times per day". R1's previous assessment
11 conducted on March 28, 2024 did not indicate that resident required assistance. R1's Physician's Report
12 LIC602A dated January 6, 2022 indicated that R1 had mild cognitive impairment and did not exhibit
13 confusion/disorientation. R1's Physician's Report LIC602A dated January 21, 2025 indicated that R1
14 had a primary diagnosis of Dementia and exhibits confusion/disorientation. Interview with ED indicated
15 that R1 required additional care due to progression of Dementia diagnosis. The facility implemented
16 additional care for R1.
17
18 According to R1's Identification and Emergency Information LIC601, R1 is their own responsible party
19 for financial affairs, payment for care, and their own legal guardian. R1's LIC601 also included family
20 members to notify in an emergency. Email correspondence indicated that the facility was aware that
21 R1's family member was attempting to gain Durable Power of Attorney (DPOA) in order to assist R1.
22 According to
23 invoices provided by the facility, R1 was on an automatic payment plan. The automatic payment did not
24 go
25 *****Continued on LIC809-
C*****

NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty

NAME OF PROGRAM ANALYST: Angela Hood
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/04/2025

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.

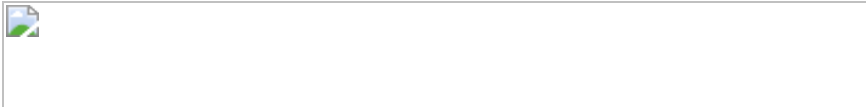
APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/licensee may request a formal review by the licensing agency to amend or dismiss the notice 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

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ATRIA EL CAMINO GARDENS **FACILITY NUMBER:** 347000389
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 11/04/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Deficiency Dismissed Type B 11/18/2025 Section Cited CCR 87468.1(a)(1)	1 87468.1 Personal Rights of Residents 2 in All Facilities (a) Residents in all 3 residential care facilities for the elderly 4 shall have all of the following personal 5 rights: (1)To be accorded dignity in their 6 personal relationships with staff, 7 residents, and other persons. This requirement is not met as evidenced by:	1 Facility will submit a plan to ensure that 2 residents' rights are not being violated 3 when they have a change in cognition 4 and provide to LPA by the POC due 5 date of 11/18/25. 6 7
	8 Based on interviews conducted and 9 records reviewed, the facility did not 10 ensure resident (R1) was being treated 11 with dignity when R1 had a change in 12 cognition and facility did not consider 13 change during eviction process, which 14 poses a potential health, safety, and personal rights risk to residents in care.	
Deficiency Dismissed Type B 11/18/2025 Section Cited CCR87468.1(a)(3)	1 87468.1 Personal Rights of Residents 2 in All Facilities (a) Residents in all 3 residential care facilities for the elderly 4 shall have all of the following personal 5 rights: (3) To be free from punishment, 6 humiliation, intimidation..or other 7 actions of a punitive nature... This requirement is not met as evidenced by:	1 Facility will provide a draft of a 30-day 2 eviction notice, that is not a notice to 3 pay or quit, indicating the notice is due 4 to non-payment and remove the 5 intimidating verbiage. Sample notice 6 will be used in future instances of 7 eviction for non-payment.
	8 Based on records reviewed, the facility 9 provided a 30-day notice to pay or quit 10 indicating that if resident (R1) does not 11 pay by the date and time indicated that 12 R1 is required to move or surrender 13 possession of their apartment, or if 14 payment is not made in full they are no longer allowed to remain in the community, and they must vacate and deliver possession of their apartment, which poses a potential health, safety, and personal rights risk to the residents in care.	8 Facility will send a copy to LPA by the 9 POC due date of 11/18/25. 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	Maribeth Senty
MANAGER:	
NAME OF LICENSING PROGRAM	Angela Hood
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 11/04/2025

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

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Created By: Angela Hood On 11/04/2025 at 03:30 PM
 Link to Parent Document Below:

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FACILITY NAME: ATRIA EL CAMINO GARDENS

FACILITY NUMBER: 347000389

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/04/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Request Denied Type B 11/18/2025 Section Cited CCR 87211(a)(1)(D)</p>	<p>87211 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... (D) Any incident which threatens the welfare, safety or health of any resident, such as psychological abuse of a resident by staff or other residents, or unexplained absence of any resident. This requirement is not met as evidenced by:</p>	<p>Executive Director indicated that they will ensure all reporting requirements are being followed. Facility will submit a statement of understanding by the POC due date of 11/18/25.</p>
	<p>Based on records reviewed and interviews conducted, the facility did not ensure that they notified CCLD of R1's being sent to the hospital on 9/19/25, which poses a potential health, safety, and personal rights risk to the residents in care.</p>	

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:	Maribeth Senty
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NAME OF LICENSING PROGRAM

Angela Hood

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:

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DATE: 11/04/2025

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 broken image icon in the top-left corner.

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