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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 347001078
Report Date: 09/02/2026
Date Signed: 09/02/2026 12:19:09 PM

COMPREHENSIVE INSPECTION

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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 SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827

FACILITY NAME:	COURTYARD TERRACE		FACILITY NUMBER:	347001078
ADMINISTRATOR/ DIRECTOR:	MAGDA LUIS		FACILITY TYPE:	740
ADDRESS:	3408 ALTA ARDEN EXPRESSWAY		TELEPHONE:	(916) 486-1281
CITY:	SACRAMENTO	STATE: CA	ZIP CODE:	95825
CAPACITY: 40		CENSUS: 40	DATE:	09/02/2026
TYPE OF VISIT:	Case Management - Annual Continuation	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:10 AM
MET WITH:	Administrator- Magda Luis		TIME VISIT/ INSPECTION COMPLETED:	12:30 PM

NARRATIVE

On September 2, 2026, at 9:10 AM, Licensing Program Analyst (LPA) Sulma Lopez and Licensing Program Manager (LPM) Ariellle Pascua arrived unannounced at the facility to conduct an annual required inspection. LPA Lopez met with Administrator (A1) Magda Luis and explained the purpose of today's visit.

The Administrator holds current certificate #7018207740 and expires on January 21, 2027. The facility is licensed for 40 non-ambulatory clients. There are currently (40) residents who reside at this facility. The facility has an approved hospice waiver for (10). There are currently (5) residents on hospice.

At 9:15 AM, LPA Lopez conducted record reviews of (10) staff and (10) resident files. Resident files were well maintained and contained current Needs and Services Plans. Staff files were observed to contain the required components and LPA reviewed their updated training records.

At 10:50AM, LPA and LPM toured the facility with A1. The dining room was clean and free of odors. The dining tables and chairs were in good repair and there was enough seating available for the current census.

LPA inspected the kitchen area and observed a menu posted on the wall. It was learned that the facility works with a dietician every three months to create a menu that meets the needs and preferences of the residents in care. The facility contained at least two-day perishable and seven-day non-perishable food supply. Kitchen appliances and equipment were observed to be operational. The kitchen area remains locked and made inaccessible to residents to ensure safety.

Continued on LIC 809-C.

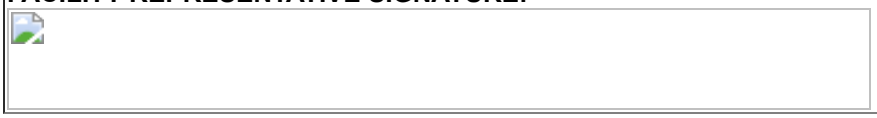
Arielle Pascua

Sulma Lopez

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 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 SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827

FACILITY NAME: COURTYARD TERRACE **FACILITY NUMBER:** 347001078

VISIT DATE: 09/02/2026

NARRATIVE

The facility hallways were observed to be clean and clear of obstructions. The facility temperature was 72 degrees. LPA toured the activity room and reviewed the September Activity Calendar.

The resident bedrooms were observed to contain clean bedding. The resident bedrooms were furnished with beds, chairs, dressers, and a closet. The windows and window springs were in good condition. Each resident bedroom contained a smoke detector on the ceiling. Carbon monoxide detectors were located on the walls.

At 10:55 AM, LPA observed resident restrooms contained a toilet in unsanitary condition. The toilet contained dry urine around the base and the caulking was visibly soiled and stained brown. The restroom had a strong urine odor. The showers contained grab bars and non-slip mats for resident safety. LPA observed a soiled incontinence pad in one of the resident showers. The facility' hot water temperature was 120 degrees.

LPA toured the facility courtyard. The exterior of facility was clear of hazards. All outdoor passageways were kept free from obstruction. The courtyard contained a shaded seating area with outdoor furniture for resident use.

The facility has a space and equipment for laundry. The laundry room remains locked and inaccessible to residents for safety.

Medications were stored in a locked medication cart. The facility uses an electronic Medication Administration Record (MAR) sheet to record all dispensed medication to residents.

LPA asked for the following documents to be emailed/ faxed to the Regional Office within the next 15 days:
- LIC 610E Emergency Preparedness Plan, LIC 308 Designation of Facility Representative.

During the visit. LPA and LPM also confirmed that S1 is no longer is working at the facility. A copy of the Exemption Denial Letter was provided to the administrator and a signed Confirmation of Removal was obtained during the visit.

As a result of this annual inspection visit, deficiencies were cited. An exit interview was conducted, and a copy of the 809 report, 809D-Page, and Appeals Rights were provided to the facility.

NAME OF LICENSING PROGRAM MANAGER: Arielle Pascua
NAME OF LICENSING PROGRAM ANALYST: Sulma Lopez
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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Created By: Sulma Lopez On 09/02/2026 at 11:42 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

FACILITY NAME: COURTYARD TERRACE **FACILITY NUMBER:** 347001078

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

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 09/18/2026 **Section Cited** CCR 87303(a)(1)	1 2 3 4 5 6 7	87303 Maintenance and Operation (a) The facility shall be clean, safe, sanitary and in good repair at all times... (1) Floor surfaces in bath, laundry and kitchen areas shall be maintained in a clean, sanitary, and odorless condition. This requirement is not met as evidenced by:	1 2 3 4 5 6 7	The facility agrees to update their cleaning logs and will conduct an in service training on the updated cleaning expectations. The facility will provide copies of the cleaning log and in service training by September 18, 2026 by 5:00PM.
	8 9 10 11 12 13 14	Based on observation, interviews, and records review, the Licensee did not ensure that rooms 112 and 113 were clear of urine stains, soiled incontinence pads, and odors which poses a potential health, safety, or personal rights risk to residents in care.	8 9 10 11 12 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 MANAGER: Arielle Pascua

NAME OF LICENSING PROGRAM ANALYST: Sulma Lopez

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