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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 347004408
Report Date: 04/09/2026
Date Signed: 05/05/2026 11:28:19 AM

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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:	SUNNY BEACH VILLA		FACILITY NUMBER:	347004408
ADMINISTRATOR/ DIRECTOR:	DIMITROVA, DESSI		FACILITY TYPE:	740
ADDRESS:	2506 CASTLEWOOD DR		TELEPHONE:	(916) 486-4265
CITY:	SACRAMENTO	STATE: CA	ZIP CODE:	95821
CAPACITY: 6		CENSUS: 1	DATE:	04/09/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:00 AM
MET WITH:	Dessi Dimitrova		TIME VISIT/ INSPECTION COMPLETED:	01:30 PM

NARRATIVE

On 4/9/26 at 9:00am Licensing Program Analyst (LPA) Kevin Gould and Department Representative Leigh Ann Rogers arrived at **Sunny Beach Villa** for the purpose of conducting a required 1 year annual inspection. LPA met with Administrator, Dessi Dimitrova and together conducted a tour of the home.

LPA and Administrator evaluated the physical plant to ensure the health and safety of the residents in care. Areas inspected are including but not limited to the kitchen, resident bedrooms; resident bathrooms, living and dining room and outdoor areas. LPA observed the facility to be malodorous and in need of a more thorough cleaning program. LPA observed that all rooms are equipped with the required furniture. LPA observed several areas in the facility with insufficient lighting with missing or inoperable light bulbs..

LPA measured the water temperature, temperature measured at 112 degrees F which meets the 105-120 degree Fahrenheit regulation. LPA observed insufficient seven day non-perishable food supply as the facility has no canned/non-perishable food supplies in cases of emergency. Fire extinguishers and smoke detectors are current and in compliance with fire safety. LPA notes the facility had the required carbon monoxide detectors. First aid kit was checked and is complete. LPA observed medications in resident's possession and a physician's note indicating they are able to manage own medications. However, LPA did observe medications pre poured and not stored in their original containers provided by pharmacy. facility was unable to provide current liability insurance LPA observed liability insurance that expired November 2025.

Report Continued on LIC 9099-C

NAME OF LICENSING PROGRAM MANAGER: Czarrina A Camilon-Lee
NAME OF LICENSING PROGRAM ANALYST: Kevin Gould

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/09/2026

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.

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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

FACILITY NAME: SUNNY BEACH VILLA **FACILITY NUMBER:** 347004408
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 04/09/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87411(a)	

Personnel Requirements - General

(a) Facility personnel shall at all times be sufficient in numbers, and competent to provide the services necessary to meet resident needs. In facilities licensed for sixteen or more, sufficient support staff shall be employed to ensure provision of personal assistance and care as required in Section 87608, Postural Supports. Additional staff shall be employed as necessary to perform office work, cooking, house cleaning, laundering, and maintenance of buildings, equipment and grounds. The licensing agency may require any facility to provide additional staff whenever it determines through documentation that the needs of the particular residents, the extent of services provided, or the physical arrangements of the facility require such additional staff for the provision of adequate services.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on LPA observations and discussions of staffing with the facility administrator, the licensee did not comply with the section cited above as it was determined the current live in staff member is no longer physically able to keep up with facility maintenance, and provide appropriate care and supervision to meet resident needs which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 04/10/2026
	Plan of Correction
1 2 3 4	licensee has agreed to provide a written plan of correction including what staff members will be working at the facility and proving care, supervision and general cleaning at the facility. licensee will also provide an updated LIC 500 with staff members dates and times working at the facility.

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: Czarrina A Camilon-Lee
NAME OF LICENSING PROGRAM ANALYST: Kevin Gould
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/09/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	HSC	1569.625(b)(2)	

Other Provisions

(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on LPA review of Staff files, the licensee did not comply with the section cited above as LPA observed no training for current staff member since 2019 which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 04/10/2026
	Plan of Correction
1 2 3 4	Administrator has agreed to provide a written plan of correction including an updated training plan to ensure all staff members receive appropriate training.

		Section Cited			

	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

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:	Czarrina A Camilon-Lee
NAME OF LICENSING PROGRAM ANALYST:	Kevin Gould

LICENSING PROGRAM ANALYST SIGNATURE:	
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FACILITY NAME: SUNNY BEACH VILLA **FACILITY NUMBER:** 347004408
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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.605	

Other Provisions

On and after July 1, 2015, all residential care facilities for the elderly, except those facilities that are an integral part of a continuing care retirement community, shall maintain liability insurance covering injury to residents and guests in the amount of at least one million dollars ($1,000,000) per occurrence and three million dollars ($3,000,000) in the total annual aggregate, caused by the negligent acts or omissions to act of, or neglect by, the licensee or its employees.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on facility file review, the licensee did not comply with the section cited above as LPA observed the liability insurance has expired and could not provide me an updated copy of the liability insurance at the time of inspection which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 04/17/2026
	Plan of Correction
1 2 3 4	Licensee will provide LPA with a copy of current liability insurance by the POC due date.

	Type B	Section Cited	CCR	87303(a)	

Maintenance and Operation

(a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on LPA observations at the time of inspection the licensee did not comply with the section cited above as LPAs observed the floors to be sticky/in need of regular cleaning and malodorous with a heavy smell of cat urine which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 04/17/2026
	Plan of Correction

1 2 3 4	licensee has agreed to ensure the facility remains clean and sanitary and has agreed to provide a written cleaning schedule for all areas of the facility that will be followed by all staff members at the facility.

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: Czarrina A Camilon-Lee

NAME OF LICENSING PROGRAM ANALYST: Kevin Gould

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/09/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87309(a)	

Storage Space and Access

(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a 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:

	Deficient Practice Statement
1 2 3 4	Based on LPA observations of a tool storage cabinet on the side of the home, the licensee did not comply with the section cited above as all cabinet doors were equipped with a lock but the locks were not effective at ensuring the items stored are not inaccessible to residents in care which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 04/17/2026
	Plan of Correction
1 2 3 4	Licensee has agreed to ensure the locks and latches for the cabinets are secured and ensure the contents are not accessible to residents in care.

		Section Cited			

	Deficient Practice Statement

1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

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: Czarrina A Camilon-Lee

NAME OF LICENSING PROGRAM ANALYST: Kevin Gould

LICENSING PROGRAM ANALYST SIGNATURE:

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87555(b)(26)	

General Food Service Requirements

(b) The following food service requirements shall apply: (26) Supplies of nonperishable foods for a minimum of one week and perishable foods for a minimum of two days shall be maintained on the premises.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on LPA review of non perishable food supplies, the licensee did not comply with the section cited above as the facility did not have any real supply of canned non-perishable food supplies which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 04/10/2026
	Plan of Correction
1 2 3 4	licensee has agreed to obtain a one week supply of non-perishable food supplies and provide the department with a copy of the receipt of food items purchased.

		Section Cited			

	Deficient Practice Statement
1 2 3 4	

	POC Due Date:

	Plan of Correction
1 2 3 4	

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: Czarrina A Camilon-Lee

NAME OF LICENSING PROGRAM ANALYST: Kevin Gould

LICENSING PROGRAM ANALYST SIGNATURE:

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	NARRATIVE
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	LPA conducted review of staff files and observed no documented training since 2019. LPA observed there is currently only one staff member/primary caregiver in addition to the licensee and administrator that based on LPA observations is no longer able to effectively provide care and supervision and maintain the facility in a clean state. LPA observed the facility has a carbon monoxide detector but observed it is not functioning as designed and is in need of replacement. Per administrator one has been ordered and has not yet arrived. Per California Code of Regulations, Title 22 the following deficiencies are cited during today's inspection. An exit interview was conducted, and a copy of this report and appeal rights were left at the facility.

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NAME OF LICENSING PROGRAM MANAGER: Czarrina A Camilon-Lee
NAME OF LICENSING PROGRAM ANALYST: Kevin Gould
LICENSING PROGRAM ANALYST SIGNATURE:
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