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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 347004958
Report Date: 07/08/2026
Date Signed: 07/16/2026 03:54:04 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 SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827

FACILITY NAME:	SIEBENTHAL CARE HOME		FACILITY NUMBER:	347004958
ADMINISTRATOR/ DIRECTOR:	SIEBENTHAL, ERMELINDA		FACILITY TYPE:	740
ADDRESS:	7948 HUNTS RUN WAY		TELEPHONE:	(916) 689-3595
CITY:	SACRAMENTO	STATE: CA	ZIP CODE:	95828
CAPACITY: 6		CENSUS: 6	DATE:	07/08/2026
TYPE OF VISIT:	Case Management - Legal/Non-compliance	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	11:30 AM
MET WITH:	Licensee: Ermelinda Siebenthal		TIME VISIT/ INSPECTION COMPLETED:	12:30 PM

NARRATIVE

A Non- Compliance Conference (NCC) was conducted today July 8, 2026 at 11:30 AM via Microsoft Teams with the Sacramento South Regional Office. The purpose of this Non-Compliance Conference meeting was to discuss Non-Compliance citations issued to the facility.

Present in this meeting is Regional Manager (RM) Stephenie Doub, Licensing Program Manager (LPM) Lisa Rios, Licensing Program Manager (LPM) Arielle Pascua, Licensing Program Analyst (LPA) Shakaricka Hughes, Licensee/Administrator of Siebenthal Care Home Ermelinda Siebenthal and Elaine Castro. During this virtual meeting, the Non-Compliance Conference process was explained to the licensee. A Non-Compliance Conference Summary (LIC 9111) was generated to document this office meeting. A copy of this report and the LIC 9111 was provided to the licensee.

On 10/30/2025, the facility attended a Non-Compliance Conference (NCC) to address ongoing compliance concerns, including citations issued between 07/2023 to 6/2025. During that period, the facility received four (4) Type A citations in areas of Incidental Medical and Dental care, Basic services requirements, Administrator qualifications, Health screening, and Criminal record clearance. The facility also received Type B citations in the areas of; Personnel Requirements, Night supervision, Resident appraisal, Reporting requirements, Incidental Medical and Dental Care, Personal Rights, and Postural Supports. On 01/30/2026, the facility successfully completed participation in the Technical Support Program (TSP).

Continuation 809-C

NAME OF LICENSING PROGRAM MANAGER: Czarrina A Camilon-Lee
NAME OF LICENSING PROGRAM ANALYST: Shakaricka Hughes

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/08/2026

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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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: SIEBENTHAL CARE HOME **FACILITY NUMBER:** 347004958

VISIT DATE: 07/08/2026

NARRATIVE

As part of the conference, the facility agreed to implement corrective actions, including conducting weekly medication log audits, ensuring all staff members are background cleared and properly associated to the facility, providing staff training, ensuring residents are appropriately monitored to prevent elopement, and reporting incidents to appropriate agencies within the required time frame.

Since the last Non-Compliance Conference, the facility has continued to demonstrate a pattern of noncompliance. On 03/10/2026, the facility received two (2) Type A citations for violations related to Limitations and Capacity Status, Incidental Medical and Dental Care Services. Additionally, a compliant investigation resulted in a substantiated finding that unlicensed care was being provided in the licensee's private residence.

The facility has stated they will agree to do the following:

- Attend a vendor training on Resident Assessments, Care plans, and Resident Evictions for all active administrators working inside the facility. The Facility will update LPA on their choice of vendor training by 07/15/2026, and training will be completed no later than 07/31/2026.
- Update LIC 500 Personnel Report, including additional administrator oversight in the facility weekly.

During today's meeting the facility requested re-engagement of the Technical Support Program (TSP) and currently awaiting contact from a TSP representative. In addition, the Regional Office will continue to conduct unannounced quarterly visits to monitor the above and overall compliance for 12 months from the date of this meeting.

NAME OF LICENSING PROGRAM MANAGER: Arielle Pascua
NAME OF LICENSING PROGRAM ANALYST: Shakaricka Hughes
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 07/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/08/2026