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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 392700721
Report Date: 05/22/2026
Date Signed: 05/24/2026 08:02:30 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:	DIAMOND CARE INC.		FACILITY NUMBER:	392700721
ADMINISTRATOR/ DIRECTOR:	JENNIFER SILVA		FACILITY TYPE:	740
ADDRESS:	7910 BRIGHT RD		TELEPHONE:	(209) 914-2859
CITY:	FRENCH CAMP	STATE: CA	ZIP CODE:	95231
CAPACITY: 16		CENSUS: 15	DATE:	05/22/2026
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	01:25 PM
MET WITH:	Jennifer Silva		TIME VISIT/ INSPECTION COMPLETED:	03:45 PM

NARRATIVE

Licensing Program Analyst (LPA) arrived unannounced to conduct a case management visit regarding a report received by Community Care Licensing (CCL) alleging non-consensual sexual contact between Resident 1 (R1) and Resident 2 (R2). LPA met with the Administrator and explained the purpose of the visit.

The visit was conducted to determine whether the facility provided adequate supervision and protected residents' personal rights as required under Title 22.

Based on interviews, documentation reviewed, and observations, the following was determined: R1 engaged in oral sexual contact (fellatio) with R2. R2 is a conserved individual with a diagnosis that does not support the capacity to consent to sexual activity. Because R2 is unable to provide informed consent, the contact is classified as non-consensual under Title 22 personal rights standards. Following the incident, R2 began exhibiting changes in condition, including behavioral and emotional distress.

Due to these changes, R2 was transported to a medical facility for assessment. As of the time of the visit, R2 has not returned to the facility.

Continued

NAME OF LICENSING PROGRAM MANAGER: Lisa Rios
NAME OF LICENSING PROGRAM ANALYST: Albert Johnson

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/22/2026

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: DIAMOND CARE INC. **FACILITY NUMBER:** 392700721

VISIT DATE: 05/22/2026

NARRATIVE

The Administrator reported that staff will conduct a full assessment upon R2's return to determine whether the facility can safely continue to meet R2's needs.

The facility did implement and document preventive measures, increased supervision, and safety planning. R1 has a diagnosis of major neurocognitive disorder (Dementia).

Advisory given for updating the license to reflect Dementia as a part of the service delivery.

Deficiencies were cited on today's date.

Exit interview conducted.

NAME OF LICENSING PROGRAM MANAGER: Lisa Rios
NAME OF LICENSING PROGRAM ANALYST: Albert Johnson
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 05/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/22/2026

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Created By: Albert Johnson On 05/22/2026 at 02:42 PM
Link to Parent Document Below:

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

FACILITY NAME: DIAMOND CARE INC. **FACILITY NUMBER:** 392700721

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 05/22/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 05/25/2026 **Section Cited** CCR 87468.2a(8)	1 2 3 4 5 6 7	Additional Personal Rights of Residents in Privately Operated Facilities To be free from neglect, financial exploitation, involuntary seclusion, punishment, humiliation, intimidation, and verbal, mental, physical, or sexual abuse.	1 2 3 4 5 6 7	The Licensee/Administrator shall provide Personal Rights training for all staff which shall be submitted by POC due date by 5/25/2026.
	8 9 10 11 12 13 14	This requirement is not met as evidenced by: R2 is a conserved individual with a diagnosis that does not support the capacity to consent to sexual activity. This violation poses an immediate health, and safety 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: Lisa Rios

NAME OF LICENSING PROGRAM ANALYST: Albert Johnson

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/22/2026

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FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/22/2026