

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 392700941

Report Date: 01/14/2026

Date Signed: 01/14/2026 11:55:00 AM

Document Has Been Signed on 01/14/2026 11:55 AM - It Cannot Be Edited

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

FACILITY NAME:	CHIANTI GRACE, LLC	FACILITY NUMBER:	392700941
ADMINISTRATOR/LAUREL, MARICAR		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(209) 688-8058
ADDRESS:	9063 CHIANTI CIRCLE	STATE: CA	ZIP CODE: 95212
CITY:	STOCKTON	CENSUS: 6	DATE: 01/14/2026
CAPACITY:	6	UNANNOUNCED TIME VISIT/INSPECTION	09:10 AM
TYPE OF VISIT:	Required - 1 Year	BEGAN:	
MET WITH:	LAUREL, MARICAR	TIME VISIT/INSPECTION	12:00 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analysts (LPA) Kesha Lewis arrived at this facility unannounced to
2 conduct a Required 1 Year Annual Inspection Visit. LPA was met by administrator. LPA
3 explained the purpose of the visit to Administrator.
4
5
6 LPA and administrator inspected the physical plant including but not limited to the kitchen,
7 dining room, resident bedrooms; resident bathrooms, laundry area, living area and other
8 common areas, as well as outside of the facility to ensure compliance with Title 22
9 regulations. Facility is a 6 bed facility with a current census of 6. There is entry door is
10 leading to the living room, kitchen with a hallway to the bedrooms and bathrooms.
11 Chemicals and medications noted to be locked to residents in care. LPA also conducted the
12 care tool. No bodies of water were observed at the facility.
13
14
15 Hot water temperature was measured at 106 F degrees Fahrenheit in resident bathroom sink,
16 which is within the required range of 105 to 120 degrees Fahrenheit. All necessary
17 documents were in place. LPA observed the following posted on the facility wall: Facility
18 license, sketch, See Something Say Something poster, Ombudsman poster, Theft and Loss
19 Policy, Resident Bill of Rights, Rights of Resident/Family Councils.
20
21
22 The facility submitted a LIC 808 mitigation plan, which was approved. The facility has
23 central entry point.
24
25

NAME OF LICENSING PROGRAM MANAGER: Liza King

NAME OF LICENSING PROGRAM ANALYST: Kesha Lewis

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/14/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/14/2026

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.

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

FACILITY NAME: CHIANTI GRACE, LLC

FACILITY NUMBER: 392700941

VISIT DATE: 01/14/2026

NARRATIVE	
1	LPA observed the facility to have adequate food supply of 7 days non-perishables and 2 days
2	perishables in place. Resident rooms were sanitary and had the required furniture and
3	furnishings.
4	
5	LPA observed, fire extinguishers inspected on 09/19/2025 and current, smoke and carbon
6	monoxide detectors, central heating and air in the facility. The first aid kit was found in
7	compliance.
8	
9	
10	LPA reviewed three (3) staff files. All staff is fingerprint cleared and associated to the facility
11	and staff have current First Aid or CPR certifications on file. Facility is conducting initial and
12	continuing training as required.
13	
14	
15	
16	
17	LPA reviewed three (3) resident facility files, COVID-19 Plan, and survey binder.
18	
19	
20	Exit interview held with staff and copies of reports left at conclusion of visit.
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Liza King	
NAME OF LICENSING PROGRAM ANALYST: Kesha Lewis	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/14/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/14/2026
---	-------------------------

Document Has Been Signed on 01/14/2026 11:55 AM - It Cannot Be Edited

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CHIANTI GRACE, LLC

FACILITY NUMBER: 392700941

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/14/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type B	Section Cited	CCR	80066(a)(11)
--------	---------------	-----	--------------

(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information: (1) Tuberculosis test documents as specified in Section 80065(g).

This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on record review, the licensee did not comply with the section cited above in [1] out of [3] facility personnel files did not have proper TB clearance by a licensed medical professional which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 01/20/2026	
Plan of Correction	
1	Facility designated Administrator stated that all facility personnel files will be reviewed. Any, and all, facility personnel files will be updated to contain the proper TB clearance by a licensed medical professional. Along with proof of updated TB clearance for all facility personnel, will be completed and submitted into CCL by the due date. Kesha.Lewis@dss.ca.gov
2	
3	
4	

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:	Liza King
NAME OF LICENSING PROGRAM ANALYST:	Kesha Lewis
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/14/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 01/14/2026