

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 392700997
Report Date: 07/14/2025
Date Signed: 08/15/2025 11:26:30 AM

Document Has Been Signed on 08/15/2025 11:26 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: NOVELLUS STOCKTON		FACILITY NUMBER:	392700997
ADMINISTRATOR/MONARES, GRETCHEN		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	6037 N. PERSHING AVENUE	TELEPHONE:	(209) 951-2030
CITY:	STOCKTON	STATE: CA	ZIP CODE: 95207
CAPACITY: 160		CENSUS: 55	DATE: 07/14/2025
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED TIME VISIT/INSPECTION	09:04 AM
		BEGAN:	
MET WITH:	G Monares	TIME VISIT/INSPECTION	11:30 AM
		COMPLETED:	
NARRATIVE			
1	"LPA Johnson arrived to the facility unannounced to conduct a case management visit based		
2	on two incident reports submitted to the department on 7/08/2025.		
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4			
5	It was reported to the department that at approximately 10:00 AM, R1 reported that after		
6	breakfast she felt fatigue. RCD checked blood pressure and was reading at 70/45. R1		
7	reported no dizziness, no blurred vision, no confusion noted and did not want to seek further		
8	medical attention. RCD encouraged R1, but R1 refused. RCD encouraged R1 to eat salty		
9	snacks/food and will come back to check resident alter 30 minutes. RCD checked R1's blood		
10	pressure after 30 minutes with no change. R1 was encouraged again to go to the R1 agreed.		
11	911 was called and R1 was transported to SJMC. Shanel Thitphaneth, LVN/RCD witnessed		
12	the event as reported. R1 was admitted to the hospital for observation.		
13			
14			
15	LPA reviewed resident's files and reviewed pertinent documentation related to this facility. As		
16	a result of this incident the resident was sent out on 7/08/2025 and has not returned. The		
17	facility will reassess R1 before she returns.		
18			
19			
20	Continued		
21			
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25			
NAME OF LICENSING PROGRAM MANAGER: Lisa Rios			

NAME OF LICENSING PROGRAM ANALYST: Albert Johnson

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/14/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

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California Health & Human Services Agency

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California Department of Social Services

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 SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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FACILITY NAME: NOVELLUS STOCKTON

FACILITY NUMBER: 392700997

VISIT DATE: 07/14/2025

NARRATIVE	
1	911 was immediately called due to MT noting R2 with labored breathing and lips
2	turning purple with oxygen on. RP was called and R2 was taken to St. Joseph's Medical
3	Center for further treatment.
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5	
6	R2 on 07/08/2025 at around 11:00 AM with admitting diagnosis of pneumothorax.
7	RP is aware and is currently with R2 at the hospital. The facility will continue to follow-up
8	on resident's status until her return from the hospital.
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11	No deficiencies were cited on today's visit
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13	Exit interview conducted.
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NAME OF LICENSING PROGRAM MANAGER: Lisa Rios

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LIC809 (FAS) - (06/04)

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