

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 430708114

Report Date: 07/29/2025

Date Signed: 07/29/2025 01:51:19 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
FACILITY EVALUATION REPORT	

FACILITY NAME:	VILLA SIENA	FACILITY NUMBER:	430708114
ADMINISTRATOR/DIRECTOR:	BERNARD, CORINE	FACILITY TYPE:	740
ADDRESS:	1855 MIRAMONTE AVENUE	TELEPHONE:	(650) 961-6484
CITY:	MOUNTAIN VIEW	STATE:	CA
CAPACITY:	77	ZIP CODE:	94040
TYPE OF VISIT:	Required - 1 Year	CENSUS:	67
		DATE:	07/29/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:00 AM
MET WITH:	Ann Kaye	TIME VISIT/INSPECTION COMPLETED:	02:00 PM

NARRATIVE

1 On July 29, 2025, Licensing Program Analyst (LPA) Kiran Jain arrived unannounced at the facility to
2 conduct a Required 1-Year Annual inspection. LPA met with the Director of Nursing (DON), Ann Kaye,
3 and disclosed the purpose of the inspection.
4
5 The facility consisted of one building with two floors for Assisted Living and Independent Living units.
6 The DON informed the LPA that the facility had 67 residents in care at the time, including 22 in Assisted
7 Living and 45 in Independent Living.
8
9 LPA initiated a walk-through of the facility, accompanied by DON.
10
11 LPA inspected randomly selected seven (7) resident rooms in Assisted Living. The rooms were found to
12 be clean, well-lit, and equipped with the required furniture. LPA inspected the private bathrooms in
13 random rooms. The bathrooms contained soap, grab bars, towels, a trash can, and non-slip flooring.
14 The hot water temperature at the sink faucets measured between 114.7°F and 115.3°F. "No Smoking /
15 Oxygen in Use" signs were observed posted outside the residents' room where oxygen was
16 administered.
17
18 LPA inspected the main kitchen and found it clean. The refrigerator, freezer, and pantry cabinets were
19 checked, and there was a sufficient supply of fresh perishable food for two (2) days and nonperishable
20 staples for seven (7) days. No expired food items were found. Open food items were wrapped and
21 dated. The dining room was inspected and was found to be clean, with all furniture in good repair.
22
23 LPA inspected the fire extinguishers mounted on the hallway and kitchen walls and found them fully
24 charged, with the last service tag dated 4/25/2025. LPA reviewed the Annual Fire Alarm service/test
25 report, conducted on 03/05/2025 by Siemens Industry Inc.

Continued on LIC809-C

NAME OF LICENSING PROGRAM MANAGER: April Cowan

NAME OF LICENSING PROGRAM ANALYST: Kiran Jain

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/29/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/29/2025

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 III, 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 CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
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FACILITY NAME: VILLA SIENA

FACILITY NUMBER: 430708114

VISIT DATE: 07/29/2025

NARRATIVE	
1	The smoke detectors, manual pull stations, heat detectors, sprinkler system, fire panel, and system
2	wiring were tested, and no deficiencies were noted in the service/test report.
3	
4	LPA inspected activity areas, parlor, library, lounges, and other commons areas and observed residents
5	actively engaged in recreational programs and activities. All common areas were free from obstructions,
6	and hallways were well-lit. Sharp objects, detergents, and chemicals were observed to be locked and
7	inaccessible to persons in care.
8	
9	LPA toured the outside courtyard and patio areas and found passageways in good condition, free of
10	obstructions, and without any blocking or tripping hazards. These areas had patio tables, chairs, and
11	umbrellas for residents' use. No accessible bodies of water or hazards were observed.
12	
13	LPA observed a locked centrally stored medication room on the first floor. Medications were organized
14	separately for each resident in a medication cabinet. Narcotics were locked. All medication bottles and
15	bubble packs were properly labeled. At 11:10 AM, Centrally Stored Medication Records were reviewed,
16	and a medication count check was performed. LPA observed that the medication counts for one (1)
17	medication 'Melatonin 5 MG tablet' bubble pack for one (1) resident (R1) was found to be inaccurate. 30
18	tablets, a 30 day's supply of this medication were logged in centrally stored medication record with a
19	start date of 06/27/2025. The start date on the bubble pack was marked as 06/27/2025 as well. The
20	dosage of this medication was to take 1 tablet daily at bedtime. 1 tablet was observed intact in the
21	bubble pack. Medication Administration Record indicated R1 refused medication on 07/08/2025. Today
22	is 12:30 PM on 07/29/2025, the medication for 31 days should have been administered to R1, but only
23	29 days of medication bubbles were popped up. Two (2) less days of medication were administered to
24	R1. LPA also reviewed Centrally Stored Records and Medication Administration Record and conducted
25	medication count for 'Citrucel 500 MG Caplet'. Two (2) less days of this medication were also
26	administered to R1.
27	
28	LPA reviewed six (6) staff personnel records and five (5) resident records. The LPA observed that 5 of 5
29	residents had the Admission Agreement, Physician's Report, Appraisal Needs and Services Plan,
30	Consent forms, Safeguard personal property and valuables, and Personal rights forms. 3 of 5 residents
31	(R1, R4, and R5) didn't receive Medical Assessment in the last 12 months. LPA observed that 6 of 6
32	staff members had LIC 508 Criminal Record Statements and LIC 503 Health Screening and confirmed
	that 6 of 6 staff members were associated with the facility.
	Continued on LIC809-C

NAME OF LICENSING PROGRAM MANAGER: April Cowan NAME OF LICENSING PROGRAM ANALYST: Kiran Jain LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/29/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/29/2025
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FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: VILLA SIENA

FACILITY NUMBER: 430708114

VISIT DATE: 07/29/2025

NARRATIVE

1 LPA inspected the first aid kit and found it fully stocked. Emergency Drill Logs were reviewed, and it was
2 observed that Emergency Disaster Drills were conducted quarterly, with the most recent drill completed
3 on 05/07/2025.
4

5 The following updated forms are requested to be submitted to CCLD by 08/05/2025:
6

- 7 • LIC 500: Personnel Report
- 8 • LIC 308: Designation of Facility Responsibility
- 9 • Certificate of Liability Insurance
- 10 • Administrator Certificate(s)

11
12
13
14 The deficiencies are being cited based on LPA observations, records reviewed, and interviews
15 conducted in accordance with the California Code of Regulations, Title 22, see LIC809D.
16

17 An exit interview was conducted, and Plans of Correction were reviewed and developed with the DON. A
18 copy of this report and appeal rights were discussed and provided to the DON, Ann Kaye, whose
19 signature on this form confirms receipt of these documents.
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NAME OF LICENSING PROGRAM MANAGER: April Cowan

NAME OF LICENSING PROGRAM ANALYST: Kiran Jain

LICENSING PROGRAM ANALYST SIGNATURE:

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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/29/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type A

Section Cited

CCR

87465(c)(2)

Incidental Medical and Dental Care Services

(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met: (2) Once ordered by the physician the medication is given according to the physician's directions.


This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on observation, interview, and record review, the facility staff did not ensure that 1 of 5 residents (R1) was given the right dosage of 'Melatonin 5 MG tablet' and 'Citrucel 500 MG Caplet' medication. Two (2) less days of these medications were administered to R1, which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 07/30/2025	
Plan of Correction	
1	The DON stated they are going to conduct a root cause analysis and all med tech staff are going to be retrained via in-service training on medication administration and documentation. DON will submit the evidence of training log to CCLD by POC due date of 07/30/2025.
2	
3	
4	

		Section Cited			
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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:	April Cowan
NAME OF LICENSING PROGRAM ANALYST:	Kiran Jain
LICENSING PROGRAM ANALYST SIGNATURE:	
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