

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 435200930  
Report Date: 06/19/2025  
Date Signed: 06/19/2025 04:02:37 PM

Document Has Been Signed on 06/19/2025 04:02 PM - It Cannot Be Edited

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: VI AT PALO ALTO	FACILITY NUMBER: 435200930
ADMINISTRATOR/JOHN KOSELAK	FACILITY TYPE: 741
DIRECTOR:	
ADDRESS: 620 SAND HILL ROAD	TELEPHONE: (650) 853-5000
CITY: PALO ALTO	STATE: CA
CAPACITY: 876	ZIP CODE: 94304
TYPE OF VISIT: Required - 1 Year	CENSUS: 594
	DATE: 06/19/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 11:45 AM
MET WITH: Valerie Alves and Neda Armanfar	TIME VISIT/INSPECTION
	COMPLETED: 04:15 PM

NARRATIVE	
1	On June 19, 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 Assisted Living (DAL), Neda
3	Armanfar, and Administrator, Valerie Alves, and disclosed the purpose of the inspection.
4	
5	The facility consisted of a combination of Independent Living (IL), Assisted Living (IL) and Memory Care
6	(Canvas) units. Memory Care units were located on the first floor and Assisted Living units were located
7	on the second floor in the same building. The Independent Living building had multiple wings with 4
8	floors each. The Administrator informed the LPA that the facility had 594 residents in care at the time,
9	including 33 in Assisted Living, 18 in Memory care, and 543 in Independent Living.
10	
11	At 12:40 PM, LPA initiated a walk-through of the facility, accompanied by ALD.
12	
13	LPA inspected the main kitchen in the Independent Living building and found it clean. The refrigerator,
14	freezer, and pantry cabinets were checked, and there was a sufficient supply of fresh perishable food for
15	two (2) days and nonperishable staples for seven (7) days. No expired food items were found. Open
16	food items were wrapped and dated. The dining rooms in Assisted Living and Memory Care were
17	inspected and were found to be clean, with all furniture in good repair. A five-week food menu and menu
18	with alternate food options were available to the residents.
19	
20	LPA inspected the fire extinguishers mounted on the hallway walls in Assisted Living and Memory Care
21	and found them fully charged, with the last service tag dated 08/14/2024. The fire alarm, smoke
22	detector, and fire sprinkler systems are tested annually by a third-party vendor, Everon Solutions, with
23	the last inspection completed on March 27, 2025.
24	
25	Continued on LIC809-C

<b>NAME OF LICENSING PROGRAM MANAGER:</b> April Cowan <b>NAME OF LICENSING PROGRAM ANALYST:</b> Kiran Jain <b>LICENSING PROGRAM ANALYST SIGNATURE:</b> 	<b>DATE:</b> 06/19/2025
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**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

<b>FACILITY REPRESENTATIVE SIGNATURE:</b> 	<b>DATE:</b> 06/19/2025
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**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><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES          COMMUNITY CARE LICENSING DIVISION          CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350          SAN JOSE, CA 95131</p>
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**FACILITY NAME:** VI AT PALO ALTO

**FACILITY NUMBER:** 435200930

**VISIT DATE:** 06/19/2025

NARRATIVE	
1	LPA inspected randomly selected eight (8) resident rooms in Assisted Living and Memory Care units.
2	The rooms were found to be clean, well-lit, and equipped with the required furniture. LPA inspected the
3	private bathrooms in random rooms. The bathrooms contained soap, grab bars, towels, a trash can, and
4	non-slip flooring. The hot water temperature at the sink faucets measured between 118.1°F to 119.8°F.
5	“Oxygen in Use” signs were observed posted outside the residents’ room where oxygen was
6	administered.
7	
8	Two locked storage rooms were inspected. One storage room contained hand sanitizers, water bottles,
9	wipes, gloves, and incontinence supplies. The second storage room contained clean linens.
10	
11	LPA inspected grand salon activities room, library, fitness center, card games room, and common living
12	room areas. LPA observed residents watching movie and engaged in recreational programs and
13	activities. A monthly activity calendar was available for the residents. All common areas were free from
14	obstructions, and hallways were well-lit. Evacuation chairs were observed in the stairwells.
15	
16	LPA inspected locked laundry stations in Memory support and Assisted Living and observed washer and
17	dryer units. Sharp objects, detergents, and chemicals were observed to be locked and inaccessible to
18	persons in care.
19	
20	LPA toured the outside courtyard and patio areas and found passageways in good condition, free of
21	obstructions, and without any blocking or tripping hazards. These areas had patio tables, chairs, and
22	umbrellas for residents’ use. Delayed egress was observed on exit doors. No accessible bodies of water
23	or hazards were observed.
24	
25	LPA observed locked centrally stored medication carts in the Assisted Living and Memory Support units.
26	Medications were organized separately for each resident. Narcotics were locked. All medication bottles
27	and bubble packs were properly labeled. Centrally Stored Medication Records were reviewed and found
28	to be complete.
29	
30	LPA reviewed six (6) staff personnel records and five (5) resident records. The LPA observed that 5 of 5
31	residents had the Admission Agreement, Physician’s Report, Appraisal Needs and Services Plan,
32	Personal Rights, and Consent forms. LPA observed that 6 of 6 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

<p><b>NAME OF LICENSING PROGRAM MANAGER:</b> April Cowan</p> <p><b>NAME OF LICENSING PROGRAM ANALYST:</b> Kiran Jain</p> <p><b>LICENSING PROGRAM ANALYST SIGNATURE:</b></p>	<p><b>DATE:</b> 06/19/2025</p>
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<b>FACILITY EVALUATION REPORT (Cont)</b>	<b>COMMUNITY CARE LICENSING DIVISION</b>
	<b>CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350</b>
	<b>SAN JOSE, CA 95131</b>

**FACILITY NAME:** VI AT PALO ALTO **FACILITY NUMBER:** 435200930  
**VISIT DATE:** 06/19/2025

<b>NARRATIVE</b>	
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 (Fire and Earthquake) Drills were conducted quarterly, with the most
3	recent drill completed on 04/10/2025.
4	
5	The following updated forms are requested to be submitted to CCLD by 06/26/2025:
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	No deficiencies were cited during today's visit.
15	
16	An exit interview was conducted with the Administrator. A copy of this report was provided to the
17	Administrator, Valerie Alves, whose signature on this form confirms receipt of the report.
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**NAME OF LICENSING PROGRAM MANAGER:** April Cowan  
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