

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202710

Report Date: 01/09/2026

Date Signed: 01/09/2026 04:54:04 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:	VILLAS AT SARATOGA SKILLED NURSING & ASST FACILITY	435202710
	LVG, THE	NUMBER:
ADMINISTRATOR/WILLIAMS, RYAN		FACILITY TYPE:
DIRECTOR:		740
ADDRESS:	20388 SARATOGA LOS GATOS RD	TELEPHONE:
CITY:	SARATOGA	STATE: CA
CAPACITY: 74		ZIP CODE:
TYPE OF VISIT:	Case Management - Incident	CENSUS: 38
		DATE:
		01/09/2026
		UNANNOUNCED TIME VISIT/
		INSPECTION
		01:00 PM
		BEGAN:
		TIME VISIT/
		INSPECTION
		05:00 PM
		COMPLETED:
MET WITH:	Riley Tucker and Ben Roedel	

NARRATIVE

1 Licensing Program Analyst (LPA) David Marrufo conducted an unannounced Case Management visit
2 and met with Riley Tucker and Ben Roedel.
3
4 The purpose of the visit was to respond to an Incident Report (IR) that the facility submitted to the
5 department on 01/08/2026. The IR stated that on 12/31/2025 at around 9:00 AM, staff S1 was assisting
6 resident R1 to the bathroom. S1 briefly left R1 in the bathroom to provide assistance to another resident.
7 Before leaving R1, S1 told R1 to push the emergency call light inside the bathroom once R1 was done
8 using the bathroom. When S1 returned, S1 found R1 sitting on the floor. S1 told S2, a medication
9 technician, about R1's fall. S1 helped R1 back onto R1's wheelchair safely. S2 noted there was no injury
10 to R1. S2 did not report R1's fall to S2's supervisors.
11
12 During visit, LPA Marrufo obtained copies of R1's Physician's Report and Appraisal/Needs and Services
13 Plan. R1's Physician's Report states R1 is not able to care for R1's own toileting needs. The Background
14 Information section of R1's Appraisal/Needs and Services Plan states, "[R1] requires the help of one
15 person to complete activities of daily living." The Functional Skills section of R1's Appraisal/Needs and
16 Services Plan states, "Resident requires full assistance with all functional mobility and activities of daily
17 living (ADLs), including bathing, dressing, toileting, feeding, and ambulation, due to physical limitations.
18 Dependent on staff for transfers, repositioning, and mobility."
19
20 See LIC809-C page for more information. Page 1 of 2.
21
22
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Christine Kabariti
NAME OF LICENSING PROGRAM ANALYST: David Marrufo

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/09/2026

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 CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131</p>
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FACILITY NAME: VILLAS AT SARATOGA SKILLED NURSING & ASST LVG, THE

FACILITY NUMBER: 435202710

VISIT DATE: 01/09/2026

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>During visit, LPA Marrufo obtained a copy of S1's Corrective/Disciplinary Action Form, dated 01/06/2026. The Corrective/Disciplinary Action Form states, "On Dec. 31 around 9am while assisting the resident in the bathroom, caregiver briefly left because [he/she] was not yet finished and checked the resident in front of [redacted]. When the caregiver returned, [he/she] found the resident sitting on the bathroom floor and informed med tech immediately." The form was signed by S1 and S1's supervisor on 01/06/2026.</p> <p>During visit, LPA Marrufo interviewed R1 and S2. R1 stated during interview to have grabbed the grab bar in the bathroom when he/she fell to the bathroom floor.</p> <p>S2 stated during interview that care givers called S2 into R1's apartment. When S2 arrived, R1 had been positioned into R1's wheelchair near R1's bed. S2 stated to have forgotten to notify S2's supervisors about R1's fall.</p> <p>A deficiency was cited as per California Code of Regulations Title 22. See LIC809-D page for more information.</p> <p>An advisory note was issued. See LIC9102 for more information.</p> <p>This report was reviewed with Riley Tucker and Ben Roedel and a copy of this report and appeal rights were provided.</p> <p>Page 2 of 2.</p> <p>END REPORT</p>

NAME OF LICENSING PROGRAM MANAGER: Christine Kabariti	
NAME OF LICENSING PROGRAM ANALYST: David Marrufo	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/09/2026
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Created By: David Marrufo On 01/09/2026 at 04:23 PM

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: VILLAS AT SARATOGA SKILLED NURSING & ASST LVG,
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FACILITY NUMBER: 435202710

DEFICIENCY INFORMATION FOR THIS PAGE:

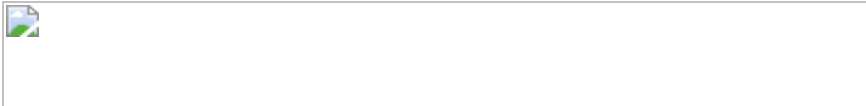
VISIT DATE: 01/09/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 01/10/2026 Section Cited CCR 87468.2(a)(4)	1 87468.2 Additional Personal Rights of 2 Residents in Privately Operated 3 Facilities 4 (a) In addition to the rights listed in 5 Section 87468.1, Personal Rights of 6 Residents in All Facilities, residents in 7 privately operated residential care facilities for the elderly shall	1 Licensee agrees to submit a plan of 2 correction by 01/10/2026 stating how 3 the licensee will conduct in-service 4 training with staff to ensure that 5 resident receive the care, supervision, 6 and services that meet their individual 7 needs, including resident's toileting needs. Once training is completed, the
	8 have all of the following personal rights: 9 (4) To care, supervision, and services 10 that meet their individual needs and are 11 delivered by staff that are sufficient in 12 numbers, qualifications, and 13 competency to meet their needs. This 14 requirement was not met as evidenced by: Licensee did not ensure that resident R1 received the care, supervision, and services needed to meet R1's toileting needs when staff S1 assisted R1 to the bathroom, which poses an immediate personal rights and safety risk to residents in care.	8 licensee shall submit copies of training 9 records, including names of staff 10 trained, dates of training, training 11 topics, and names and qualifications of 12 trainers. 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:	Christine Kabariti
NAME OF LICENSING PROGRAM ANALYST:	David Marrufo
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 01/09/2026

