

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 435202919  
Report Date: 05/13/2025  
Date Signed: 05/13/2025 01:41:28 PM

Document Has Been Signed on 05/13/2025 01:41 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:	VILLA TOSCANA A MEMORY CARE COMMUNITY	FACILITY NUMBER:	435202919
ADMINISTRATOR/DIRECTOR:	ENGRACIA SANDOVAL	FACILITY TYPE:	740
ADDRESS:	939 W. EL CAMINO REAL	TELEPHONE:	(707) 592-4252
CITY:	MOUNTAIN VIEW	STATE:	CA
CAPACITY:	70	ZIP CODE:	94040
TYPE OF VISIT:	Required - 1 Year	CENSUS:	19
		DATE:	05/13/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:00 AM
MET WITH:	Andrew Pence	TIME VISIT/INSPECTION COMPLETED:	01:55 PM

NARRATIVE	
1	On May 13, 2025, at 09:00 AM, Licensing Program Analyst (LPA) Kiran Jain arrived unannounced at the
2	facility to conduct a Required 1-Year Annual inspection. LPA met with the Executive Director (ED)
3	Andrew Pence. The ED informed the LPA that the facility currently has 19 residents in care.
4	
5	At 9:35 AM, the LPA initiated a walk-through of the facility along with the ED.
6	
7	LPA inspected six (6) random resident rooms on the third floor, and found them clean, well-lit, and
8	equipped with the required furniture. Emergency pull cords were observed to be functioning in the
9	resident rooms with an average response time of 5 minutes. LPA inspected the private bathrooms in
10	these random rooms. The bathrooms contained soap, grab bars, towels, a trash can, and non-slip
11	flooring. The hot water temperature at the sink faucets measured between 116.5°F and 119.8°F.
12	
13	LPA inspected the dining room and found it clean, with all the furniture in good repair. Residents were
14	observed eating snacks in the dining room. Cleaning supplies, chemicals, and sharp objects were
15	observed inaccessible to the residents.
16	
17	LPA inspected activity area and other commons areas and observed some residents participating in the
18	activity and some watching TV. All common areas were free from obstructions and hallways were well-lit.
19	
20	LPA toured the patio area and found passageways in good condition, free of obstructions, and without
21	any blocking or tripping hazards. These areas had patio tables, chairs, and umbrellas for residents' use.
22	Delayed egress was observed on emergency exits and patio doors were locked. No accessible bodies
23	of water or hazards were observed.
24	
25	Continued on LIC 809-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> 05/13/2025
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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> 05/13/2025
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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 III, 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:** VILLA TOSCANA A MEMORY CARE COMMUNITY

**FACILITY NUMBER:** 435202919

**VISIT DATE:** 05/13/2025

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>LPA inspected laundry room on the second floor with washer and dryers. The laundry room was inaccessible to the residents in care.</p> <p>LPA inspected the main kitchen on the first floor and found it clean. The refrigerator, freezer, and pantry were checked, and there was a sufficient supply of fresh perishable food for two (2) days and nonperishable staples for seven (7) days. No expired food items were found. Open food items were wrapped and dated.</p> <p>LPA inspected the fire extinguishers mounted in the kitchen and found they were fully charged with a last service tag of 02/27/2025. The ED tested the smoke and carbon monoxide detector located in the hallway in the LPA's presence, and it was found to be functional. LPA reviewed the Fire Prevention routine inspection report, conducted on February 06, 2025, by the Department of Fire and Environmental Protection division, City of Mountain View.</p> <p>LPA inspected the medication room on the second floor. Medications were organized in separate bins for each resident. All medication bottles and bubble packs were properly labeled. Centrally Stored Medication Records (CSMR) were reviewed and found to be complete. LPA observed and inspected narcotics medications inside a locked centrally stored medication cart located in the dining room.</p> <p>LPA inspected the first aid kit and found it fully stocked. Emergency Drill Logs were reviewed, and it was observed that Emergency Disaster Drills were conducted quarterly, with the most recent drill completed on 03/20/2025.</p> <p>LPA reviewed five (5) random resident files and five (5) random staff personnel records. The LPA observed that 5 of 5 residents had the Admission Agreement, Physician's Report, Appraisal Needs and Services Plan. LPA observed that 5 of 5 staff members had First Aid/CPR training, LIC 508 Criminal Record Statements and LIC 503 Health Screening and confirmed that 5 of 5 staff members are associated with the facility.</p> <p>The following updated forms are requested to be submitted to CCLD by 05/19/2025:</p> <p>1) LIC 500: Personnel Report 2) LIC 308: Designation of Facility Responsibility</p> <p>3) Certificate of Liability Insurance 4) Administrator Certificate(s)</p> <p>No deficiencies were cited during today's visit.</p> <p>An exit interview was conducted with the Executive Director. A copy of this report was left with the Executive Director, Andrew Pence, whose signature on this form confirms receipt of the report.</p>

**NAME OF LICENSING PROGRAM MANAGER:** April Cowan  
**NAME OF LICENSING PROGRAM ANALYST:** Kiran Jain

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 05/13/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 05/13/2025