

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 045002773

Report Date: 03/12/2026

Date Signed: 03/12/2026 01:43:08 PM

Document Has Been Signed on 03/12/2026 01:43 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
FACILITY EVALUATION REPORT	

FACILITY NAME: ROSELEAF OROVILLE	FACILITY NUMBER: 045002773
ADMINISTRATOR/HAWKINS, GRACE	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 1900 20TH ST	TELEPHONE: (530) 538-8200
CITY: OROVILLE	STATE: CA
CAPACITY: 60	ZIP CODE: 95965
TYPE OF VISIT: Case Management - Deficiencies	CENSUS: 23
	DATE: 03/12/2026
	UNANNOUNCED TIME VISIT/INSPECTION: 01:30 PM
MET WITH: Grace Hawkins - executive director	BEGAN: TIME VISIT/INSPECTION: 02:00 PM
	COMPLETED:

NARRATIVE

1 03/12/2026 01:30 PM Licensing Program Analyst Rebecca Knight conducted an unannounced case
2 management visit and met with Executive Director Grace Hawkins. Today's visit is regarding an incident
3 that occurred on 02/16/2026. This is a follow-up visit to deliver findings.
4
5 It was reported that on 02/16/2026 staff witnessed Staff 1 (S1) retrieve a bottle of Febreze from the
6 upper service area, bend down, and spray the product directly onto Resident 1's (R1) genital area. Two
7 other staff members were present during the incident. All three staff were suspended as a result. R1's
8 physician, family, and local law enforcement were notified of the incident.
9
10 Interviews revealed that staff witnessed Staff 1 spray Febreze on Resident 1. Staff 1 has been fired as a
11 result of this incident.
12
13
14
15 It was determined that Staff 1 (S1) handled R1 in a rough manner when they sprayed the resident with
16 Febreze which violates R1's personal rights.
17
18 Based on interviews and evidence obtained during the investigation, the preponderance of evidence
19 standard has been met, therefore, the above allegation is found to be SUBSTANTIATED. California
20 Code of Regulations, (Title 22), is being cited on the attached LIC809D. Appeal rights were provided.
21 Exit interview was conducted and the report was provided to Executive Director Grace Hawkins.
22
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Lauren Crocker

NAME OF LICENSING PROGRAM ANALYST: Rebecca Knight

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/12/2026

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.

Document Has Been Signed on 03/12/2026 01:43 PM - It Cannot Be Edited

Created By: Rebecca Knight On 03/12/2026 at 01:18 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
--	--

FACILITY NAME: ROSELEAF OROVILLE

FACILITY NUMBER: 045002773

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/12/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/26/2026 Section Cited CCR 87468.1(a)(3)	1 87468.1 (a)(3) Personal Rights of 2 Residents in All Facilities (a) Residents 3 in all residential care facilities for the 4 elderly shall have all of the following 5 personal rights: (3) To be free from 6 punishment, humiliation, intimidation, 7 abuse, or other actions of a punitive nature. This requirement is not met as evidenced by:	Administrator agrees to submit a plan of correction advising how this type of violation will be avoided in the future. In addition, the administrator shall provide training for all direct care staff concerning treating residents with dignity and respect. Administrator will schedule the training and provide LPA with the content of the training and signed staff attendance sheet as the POC.
	8 Based on interviews it was determined 9 that Staff 1 (S1) sprayed R1 with 10 Febreze which violates R1's personal 11 rights. This poses an immediate health 12 and safety risk to residents in care. 13 14	8 The proof of correction is to be received 9 by LPA Knight by 03/26/2026. 10 11 12 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:	Lauren Crocker
NAME OF LICENSING PROGRAM ANALYST:	Rebecca Knight

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/12/2026