

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486800368

Report Date: 11/14/2025

Date Signed: 11/14/2025 12:32:26 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
FACILITY EVALUATION REPORT	

FACILITY NAME:	PARADISE VALLEY ESTATES	FACILITY NUMBER:	486800368
ADMINISTRATOR/YEE, KELLY DIRECTOR:		FACILITY TYPE:	741
ADDRESS:	2600 ESTATES DRIVE	TELEPHONE:	(707) 432-1100
CITY:	FAIRFIELD	STATE: CA	ZIP CODE: 94533
CAPACITY:	743	CENSUS: 72	DATE: 11/14/2025
TYPE OF VISIT:	Case Management - Annual Continuation	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 09:35 AM
MET WITH:	Phyllicia Xiong-Assisted Living Director	TIME VISIT/INSPECTION	COMPLETED: 12:40 PM

NARRATIVE

1 At approximately 9:35 AM Licensing Program Analyst (LPA) Stevenson arrived unannounced to
2 CONTINUE a required 1-year annual inspection and met with Phyllicia Xiong-Assisted Living Director.
3

4 At approximately 9:45 AM LPA observed ten (10) staff files and four (4) of ten (10) staff files were
5 missing evidence of 20 hours or training by the anniversary of the hire dates (**a REPEAT- Type B**
6 **citation is being issued for violation of HSC 1569.625(b)(2) and a civil penalty in the amount of**
7 **\$250 is being assessed) The same violation of HSC 1569.625(b)(2) occurred on 11/15/2024.**
8

9 HSC 1569.625(b)(2) requires 20 hours of annual training including dementia training and training in
10 postural supports, restricted conditions and hospice care. **See LIC811 for details.**
11

12 At approximately 11:15 AM LPA observed ten (10) random resident files from each of the three (3)
13 assisted living buildings and determined that all 10 had the required documentation.
14

15 **LPA request an updated LIC500 be sent to Community Care Licensing by 12/14/2025 to update**
16 **facility file.**
17

18 **Deficiencies are cited from the California Code of Regulations (CCRs), and/or the Health and**
19 **Safety Code. Failure to correct the cited deficiency(ies), on or before the Plan of Correction**
20 **(POC) due date, may result in a civil penalty assessment.**
21

22 **This report was reviewed with Phyllicia Xiong-Assisted Living Director and Appeal rights were**
23 **given.**
24
25

NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers

NAME OF LICENSING PROGRAM ANALYST: Star Stevenson

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 11/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 11/14/2025

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.

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Created By: Star Stevenson On 11/14/2025 at 12:05 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 , 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
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FACILITY NAME: PARADISE VALLEY ESTATES
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 486800368
VISIT DATE: 11/14/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.625(b)(2)	
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Other Provisions

(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, record review and interview the licensee did not comply with the section cited above in four (4) out of ten (10) staff records which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 12/14/2025
	Plan of Correction
1	Licensee to review requirement HSC 1569.625(b)(2) and submit letter of understanding the requirement, as well as, submit written record/proof that S1, S6, S7 and S10 have completed 20 hours of annual training as required by Residential Care Facilities for the Elderly (RCFE)
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.

Bethany Moellers

NAME OF LICENSING PROGRAM

MANAGER:

NAME OF LICENSING PROGRAM

Star Stevenson

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/14/2025