

Department of

# SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 486803484

Report Date: 11/17/2025

Date Signed: 11/17/2025 05:42:58 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	CORNERSTONE ASSISTED LIVING	FACILITY NUMBER:	486803484
ADMINISTRATOR/SHELLEY REYES		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(707) 999-5029
ADDRESS:	40 ORANGE TREE CIRCLE	STATE:	CA
CITY:	VACAVILLE	ZIP CODE:	95687
CAPACITY:	130	CENSUS:	106
TYPE OF VISIT:	Required - 1 Year	DATE:	11/17/2025
		UNANNOUNCED TIME VISIT/INSPECTION	10:00 AM
		BEGAN:	
MET WITH:	Shelley Reyes-Director	TIME VISIT/INSPECTION	06:00 PM
		COMPLETED:	

NARRATIVE	
1	At approximately 10:00am Licensing Program Analyst (LPA) Contreras arrived unannounced to conduct
2	a required annual inspection visit and was greeted by Program Administrator (admin) Shelley Reyes.
3	Facility is a Residential Care Facility for the Elderly (RCFE) with currently one hundred and seven (107)
4	residents in care. Facility has a hospice waiver for twelve (12), a bedridden waiver for thirty (30), and is
5	approved for all non-ambulatory residents.
6	
7	LPA and admin toured the buildings and grounds. Facility found to be at a comfortable temperature. All
8	passageways and emergency exits were free from obstruction. LPA observed evacuation chairs on both
9	stairways. Admin opened chairs and were observed to be functional. Elevator was operational and
10	functional. Alarm system in exit door heading toward courtyard had minimal low volume, not loud
11	enough to summon staff. Batteries were replaced. In addition, signal system heading toward back
12	parking lot exit next to restrooms was not turned on. <b>(Deficiency cited, see LIC 809D).</b>
13	
14	Facility's fire extinguishers were observed charged and were last serviced 12/2024. Facility's fire system
15	is hardwired though fire department. Four (4) water heaters throughout facility. Ten (10) residents'
16	apartments were inspected and water temperatures in Residents' bathrooms and communal bathrooms
17	measured within the allowable range of 105 to 120 degrees F per Title 22 regulations. Residents'
18	bedrooms were inspected and observed to be clean with all the appropriate furnishings. The call system
19	was tested in four (4) resident's rooms. Caregiver response time was 6 minutes and 17 seconds, 1
20	minute and 33 seconds, 1 minute and 50 seconds and 3 minutes and 50 seconds. Storage rooms
21	containing cleaning supplies and other items that could pose a risk were locked.
22	
23	Continued to 809C...
24	
25	

**NAME OF LICENSING PROGRAM MANAGER:** Kimberley Mota  
**NAME OF LICENSING PROGRAM ANALYST:** Ethel Contreras

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 11/17/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 11/17/2025

**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.



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Created By: Ethel Contreras On 11/17/2025 at 05:14 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
<b>FACILITY EVALUATION REPORT (Cont)</b>	

FACILITY NAME: CORNERSTONE ASSISTED LIVING

FACILITY NUMBER: 486803484

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/17/2025

## DEFICIENCIES &amp; PLANS OF CORRECTION (POCs)

Type B	Section Cited	CCR	87303(i)(1)(B)
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## Maintenance and Operation

(i) Facilities shall have signal systems which shall meet the following criteria: (1) All facilities licensed for 16 or more and all residential facilities having separate floors or buildings shall have a signal system which shall:

(B) Transmit a visual and/or auditory signal to a central staffed location or produce an auditory signal at the living unit loud enough to summon staff.

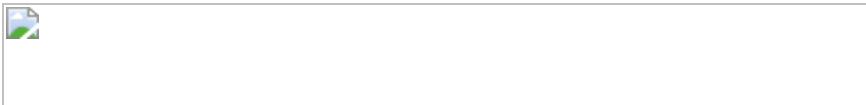
This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on LPA and admin observation , the licensee did not comply with the section cited above in that auditory signal system alarm was not loud enough to summon staff. In additon, door signal system in first floor heading toward back parking lot exit next to restrooms was not turned on which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	<b>POC Due Date:</b> 11/24/2025
	<b>Plan of Correction</b>
1	Licensee turned on signal system during inspection visit. Submit LIC9098 self certifying that door alarm system will continue to be kept on at all times 24/7 by Plan of Correction due date 11/24/25. In addition, LIC9098 self certifying that batteries will/did get replaced for system to be loud enough to summon staff.
2	
3	
4	

Section Cited
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	<b>Deficient Practice Statement</b>
1	
2	
3	
4	
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
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.

<b>NAME OF LICENSING PROGRAM</b>	Kimberley Mota
<b>MANAGER:</b>	
<b>NAME OF LICENSING PROGRAM</b>	Ethel Contreras
<b>ANALYST:</b>	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 11/17/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/17/2025