

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486803710

Report Date: 12/18/2025

Date Signed: 12/18/2025 02:29:21 PM

Document Has Been Signed on 12/18/2025 02:29 PM - It Cannot Be Edited

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:	PARAMOUNT HOUSE SENIOR LIVING	FACILITY NUMBER:	486803710
ADMINISTRATOR/SAMANIEGO, AGUSTIN		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(707) 455-0300
ADDRESS:	2061 PEABODY RD	ZIP CODE:	95687
CITY:	VACAVILLE	STATE:	CA
CAPACITY:	95	CENSUS:	80
TYPE OF VISIT:	Case Management - Annual Continuation	DATE:	12/18/2025
		UNANNOUNCED TIME VISIT/INSPECTION	10:50 AM
		BEGAN:	
MET WITH:	Agustin Samaniego-Executive Director	TIME VISIT/INSPECTION	02:40 PM
		COMPLETED:	

NARRATIVE

1 At approximately 10:50 AM Licensing Program Analyst (LPA) Stevenson arrived unannounced to
2 CONTINUE a required 1 year annual inspection and met with Agustin Samaniego- Executive Director
3
4 At approximately 11:15 AM LPA continued with review of six (6) staff files and six (6) resident files.
5
6 File review with business office member revealed S1 lacked evidence between two different education
7 systems of 40 hours of initial orientation and training within their 1st four weeks of hire including, 12
8 hours of dementia training and 4 hours of postural supports/restricted conditions/hospice care and a
9 **Technical Advisory** issued. In addition S2 lacked evidence of 1st aid training and a **Technical**
10 **Violation** was issued.
11
12 File review of selected residents revealed that R1 and R5 needed evidence of a signed Consent For
13 Emergency Medical Treatment and R2 needed their Consent for Emergency Medical Treatment to be
14 dated and R4 needed their Emergency contact (ID) page dated, it is noted that while there maybe
15 replications of these documents in the files, the binders I reviewed were either missing these documents
16 or missing the dates they were signed by the resident or responsible party and a **Technical Advisory**
17 was issued to remind the licensee of the importance of keeping complete/accurate records for each
18 resident and staff member.
19
20
21 At at approximately 1:30 PM Medicines were observed to be centrally stored and secure per title 22
22 regulations.
23
24 Facility conducts quarterly disaster drills typically around all-staff meeting with the last such drill
25 occurring 11/20/2025

Continued on LIC809C

NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers

NAME OF LICENSING PROGRAM ANALYST: Star Stevenson

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/18/2025

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 Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
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FACILITY NAME: PARAMOUNT HOUSE SENIOR LIVING

FACILITY NUMBER: 486803710

VISIT DATE: 12/18/2025

NARRATIVE

1 Continued for LIC809
 2
 3 LPA obtained updated LIC500 on 12/16/2025
 4
 5 Updated copies of the following documents were requested for facility file and are to be
 6 submitted to community care licensing by fax or email within 30 days of this visit:
 7
 8 • LIC308- Designation of Responsibility (if any new changes)
 9 • LIC610D- Updated Disaster Plan
 10 • Evidence of valid Liability Insurance
 11 • LIC9020 Registration of current residents
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 16
 17 Technical Violations and Advisories are cited from the California Code of Regulations (CCRs),
 18 and/or the Health and Safety Code. Failure to correct the cited deficiency(ies), on or before the
 19 Plan of Correction (POC) due date, may result in a civil penalty assessment.
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 21 This report was reviewed with Agustin Samaniego-Executive Director and Appeal rights were
 22 given.
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NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers
NAME OF LICENSING PROGRAM ANALYST: Star Stevenson
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 12/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 12/18/2025