

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486803822

Report Date: 03/27/2026

Date Signed: 03/27/2026 04:35:11 PM

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

FACILITY NAME:	MAGNOLIA COURT	FACILITY NUMBER:	486803822
ADMINISTRATOR/SORIANO, KRISTINE DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	1111 ULATIS DR	TELEPHONE:	(707) 447-7100
CITY:	VACAVILLE	STATE:	CA
CAPACITY:	146	ZIP CODE:	95687
TYPE OF VISIT:	Case Management - Incident	CENSUS:	92
		DATE:	03/27/2026
		UNANNOUNCED TIME VISIT/INSPECTION	01:20 PM
MET WITH:	Kristine Soriano/Hiquiana, Executive Director	BEGAN:	
		TIME VISIT/INSPECTION	04:35 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Nakagawa arrived unannounced to conduct a case management
2 inspection and met with Executive Director (ED) Kristine Soriano/Hiquiana. The purpose of today's
3 inspection was to follow up on self reported incidents submitted to Community Care Licensing (CCL) on
4 03/24/2026. LPA made observations, conducted interviews and obtained copies of resident records
5 pertaining to medication error.

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7 On 03/14/2026 at approximately 0930, S1 was at the medication cart preparing meds for a resident.
8 Resident (R1) approached the medication cart and requested their medications. S1 mistook R1 for the
9 resident they were preparing meds for and handed R1 the other resident's medications. S2 observed
10 the mistake and notified the ED, R1's doctor (PCP), Nursing Consultant and the responsible party
11 immediately. Nursing Consultant advised R1 be monitored for any reactions or change in baseline. R1's
12 vital signs were monitored. R1 had no adverse affects to this incident.

13
14 On 03/21/2026 S2 was assisting R2, when S2 noticed that R2 had an empty medication cup with the
15 room number of another resident. R2 had received the wrong medications by S1. S2 notified the
16 supervisor on duty, R2's doctor, Nursing Consultant and R2's responsible party. R2 was placed under
17 observation and close monitoring for any reactions. R2 remained at baseline. R2 had no adverse affects
18 to this incident.

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20 Continued on 809-C
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NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota

NAME OF LICENSING PROGRAM ANALYST: Jill Nakagawa

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/27/2026

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
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FACILITY NAME: MAGNOLIA COURT

FACILITY NUMBER: 486803822

VISIT DATE: 03/27/2026

NARRATIVE	
1	Continued from 809....
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3	LPA discussed re-training and shadowing of medication technicians.
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5	Copies of relevant records were obtained by LPA.
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8	Deficiencies cited from the California Code of Regulations, Title 22 of California Regulation.
9	Appeal rights given. Failure to correct the deficiency and/or repeat deficiencies within a 12
10	month period may result in civil penalties.
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NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota	
NAME OF LICENSING PROGRAM ANALYST: Jill Nakagawa	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 03/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/27/2026
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Created By: Jill Nakagawa On 03/27/2026 at 03:26 PM
Link to Parent Document Below:

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: MAGNOLIA COURT

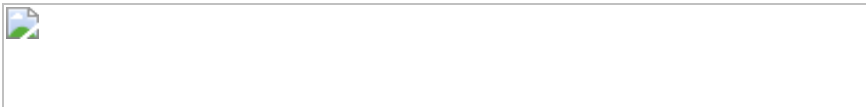
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DEFICIENCY INFORMATION FOR THIS PAGE:


VISIT DATE: 03/27/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/27/2026 Section Cited CCR 87465(a)(5)	1 87465(a)(5)Incidental Medical and 2 Dental Care: A plan for incidental 3 medical and dental care...The plan shall 4 encourage routine medical and dental 5 care and provide for assistance...with 6 the following:The licensee shall assist 7 residents with self-administered medications as needed. This requirement was not met as evidenced by:	1 Executive Director will submit a plan by 2 3/30/2026 to ensure that all medication 3 technicians review the rules for proper 4 procedures in medication administration 5 and will go through a re-training 6 including shadowing assessment with 7 facility's nurse prior to administering medications independently.
	8 Based on self-reported incident reports 9 and interview with Executive Director, 10 S1 gave the wrong medication to 11 resident R1 and R2. This is an 12 immediate health, safety and personal 13 rights risk to residents in care. 14	

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 Kimberley Mota
MANAGER:
NAME OF LICENSING PROGRAM Jill Nakagawa
ANALYST:
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/27/2026

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FACILITY REPRESENTATIVE SIGNATURE:

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