

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486803984
Report Date: 07/09/2025
Date Signed: 07/09/2025 03:47:49 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: FIVE ACRES AT LEISURE TOWN NORTH	FACILITY NUMBER: 486803984
ADMINISTRATOR/SIROKMAN, JAMES	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 5073 VICTOR LANE	TELEPHONE: (949) 439-2836
CITY: VACAVILLE	STATE: CA
CAPACITY: 11	ZIP CODE: 95688
TYPE OF VISIT: Required - 1 Year	CENSUS: 10
	DATE: 07/09/2025
	UNANNOUNCED TIME VISIT/INSPECTION BEGAN: 12:55 PM
MET WITH: James Sirokman-Administrator	TIME VISIT/INSPECTION COMPLETED: 04:10 PM

NARRATIVE	
1	At approximately 12:45PM, Licensing Program Analyst (LPA) Contreras arrived unannounced to conduct
2	a required annual inspection. LPA was greeted by facility Administrator(admin) James Sirokman. Facility
3	is a 7 bed, 3 bath Residential Care Facility for the Elderly that has a fire clearance approved for 11
4	bedridden residents with a hospice waiver approved for 6 residents.
5	
6	LPA and admin toured the building and grounds which was found to be clean and in good repair. Facility
7	was at a comfortable temperature. LPA observed all walkways and exits to be unobstructed. All required
8	postings were in a highly visible area. Fire extinguishers were charged and last inspected 6/03/2024.
9	Facility has commercial fire system through the fire department. Auditory signal systems throughout
10	facility were functional. Outdoor emergency exits clear from obstruction. LPA had conversation with
11	admin about recording all disaster drill conducted.
12	
13	All bedrooms were equipped with lighting, a night stand and chest of drawers. All bedrooms were clean
14	and in good repair. Resident bathroom had required bath mat and grab bar. Water temperature
15	measured at 108.3 degrees F at faucets accessible to residents which is within the allowable range of
16	105 to 120 degrees. Facility has well water system last inspected on 6/23/2025.
17	
18	LPA observed at least a 2 day supply of perishable and 7 day supply of non-perishable food.
19	Facility kitchen refrigerators and freezers were clean, and food was stored properly with expiration dates
20	noted. LPA observed food thickener to not be centrally stored, caregiver removed food thickener and
21	placed with centrally stored medication. LPA had conversation with admin to keep all food thickener
22	locked and secure at all times. Extra supply of frozen, perishable, non-perishable food and water located
23	in outdoor workshop. Toxins are stored in a locked cabinet and inaccessible to residents. Sharps and
24	knives were locked in kitchen drawer. Extra linens and towels were stored in closet. Storage shed in
25	backyard stored extra hygiene products for residents.

NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota

NAME OF LICENSING PROGRAM ANALYST: Ethel Contreras

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/09/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/09/2025

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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405</p>
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VISIT DATE: 07/09/2025

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>Continued from 809.....</p> <p>LPA conducted medication spot check and observed all medication to be centrally stored and secure.</p> <p>LPA reviewed 5 resident records. All required documentation was present. Physician reports were up to date.</p> <p>LPA reviewed 4 staff records. All required documentation was present. Staff had required annual and initial training.</p> <p>Updated copies of the following documents were requested for facility file and are to be submitted to CCL within 30 days of this visit:</p> <p>LIC500- Personnel Report LIC308- Designation of Responsibility Liability Insurance</p> <p>No deficiencies were observed in the areas inspected, No citations were issued during today's visit.</p> <p>Exit interview conducted and report read with Administrator.</p>

<p>NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota NAME OF LICENSING PROGRAM ANALYST: Ethel Contreras LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 07/09/2025</p>
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