

FACILITY EVALUATION REPORT

Facility Number: 486804218
Report Date: 07/11/2025
Date Signed: 07/11/2025 01:03:07 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: SOLANO LIFE HOUSE ASSISTED LIVING & MEMORY CARE		FACILITY NUMBER:	486804218
ADMINISTRATOR/FELIX, MARY		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(707) 678-1651
ADDRESS: 575 S JEFFERSON ST	STATE: CA	ZIP CODE:	95620
CITY: DIXON	CENSUS: 25	DATE:	07/11/2025
CAPACITY: 38	UNANNOUNCED	TIME VISIT/	
TYPE OF VISIT: Required - 1 Year		INSPECTION	10:05 AM
		BEGAN:	
MET WITH: Mary Felix, Administrator		TIME VISIT/	
		INSPECTION	01:05 PM
		COMPLETED:	
NARRATIVE			
1	On 07/11/2025, Licensing Program Analyst (LPA) Jill Nakagawa arrived unannounced to conduct an		
2	annual inspection. LPA was allowed entry by carestaff. Administrator was off site but arrived within 5		
3	minutes. There were 25 residents and 4 care staff, 1 medication technician, housekeeping and dietary.		
4			
5	LPA toured the facility and found it to be clean and in good repair. The bedrooms were furnished within		
6	regulation, including a bed, chair, night stand, lighting and storage. Each bedroom has an attached		
7	bathroom including grab bars and non-skid mats, soap and paper towels. The facility includes a large		
8	great room where dining, activities and socialization occur. The fireplace in the corner of the room is		
9	screened. The medication room is locked and secured at all times. The kitchen was clean and sanitary		
10	and well-organized. The refrigerator and freezer were clean and proper temperature. Food was		
11	appropriately stored and dated. There was an ample supply of perishable and non-perishable food, as		
12	well as emergency supplies and water. The grounds of the facility were well-kept with plenty of shaded		
13	area seating available for residents use, fenced and secured. Five fire extinguishers were last inspected		
14	on 04/22/25 and fully charged. The last fire drill was held on 06/05/25. Fire department inspected facility		
15	on 06/03/2025 and found no violations. Activities program was observed with Bingo, music therapy, and		
16	chair exercise taking place during visit.		
17			
18	LPA did a review of 4 personnel and 5 resident files and found them to be complete.		
19			
20	LPA requested an updated LIC-500 and proof of Liability Insurance.		
21			
22	No citations issued.		
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota			

NAME OF LICENSING PROGRAM ANALYST: Jill Nakagawa

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/11/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/11/2025

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.