

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486830735
Report Date: 10/09/2025
Date Signed: 10/09/2025 11:59:04 AM

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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:	VACA VALLEY LIVING A MEMORY CARE COMMUNITY	FACILITY NUMBER:	486830735
ADMINISTRATOR/DIRECTOR:	JAMIE HEALER	FACILITY TYPE:	740
ADDRESS:	80 ORANGE TREE CIRCLE	TELEPHONE:	(707) 724-6751
CITY:	VACAVILLE	STATE:	CA
CAPACITY:	60	ZIP CODE:	95687
TYPE OF VISIT:	Case Management - Deficiencies	CENSUS:	43
	UNANNOUNCED	DATE:	10/09/2025
		TIME VISIT/INSPECTION BEGAN:	10:02 AM
MET WITH:	Jamie Healer (Administrator)	TIME VISIT/INSPECTION COMPLETED:	12:10 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Cuadra conducted a case management visit to cite
2	deficiencies discovered during a complaint investigation and met with Administrator,
3	Jamie Healer.
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6	LPA learned through records review that on 8/13/25 resident (R1) was relocated to
7	another facility, where it was discovered during a spot check of medications that
8	Tranexamic Acid prescribed by R1's neurosurgeon on 6/28/25 was not continued
9	because the medication was not refilled by the facility until the day of them moving
10	out, then the facility disclosed having difficulty getting the medication, which it was
11	confirmed during records review that the facility provided Tranexamic Acid 650mg,
12	from 6/28/25 to 7/31/25, but dates from 8/1/25 through 8/12/25 medication was not
13	available due to prior authorization needed as a reason why the medication was not
14	given as prescribed. Although, on 8/8/25 at 2:06:01pm a fax was sent to R1's
15	primary physician requesting Tranexamic Acid 650 mg to be filled by neurosurgeon
16	due to the prescription was needed to be filled because resident was out of
17	medication and refill. A second fax was successfully received on 8/11/25 at
18	1:59:49pm from physician authorizing the medication with a written note indicating
19	staff to pick up at Kaiser. However, R1 left the facility on 8/13/25 without their
20	prescribed medication.
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25	Deficiencies cited from the California Code of Regulations, Title 22, Division 6 of

California Regulation. Appeal rights given. Failure to correct the deficiency and/or repeat deficiencies within a 12-month period may result in civil penalties

NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers

NAME OF LICENSING PROGRAM ANALYST: Marisol Cuadra

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/09/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/09/2025

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.

LIC809 (FAS) - (09/23)

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Created By: Marisol Cuadra On 10/09/2025 at 10:13 AM
Link to Parent Document Below:

<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 , 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405</p>
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FACILITY NAME: VACA VALLEY LIVING A MEMORY CARE COMMUNITY

FACILITY NUMBER: 486830735

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/09/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 10/17/2025 Section Cited	<p>1 Type A - 87465 Incidental Medical and Dental Care (c) If the resident's physician has stated in writing that the resident is unable to determine</p> <p>2 his/her own need for nonprescription</p> <p>3 PRN medication..., facility staff</p> <p>4 designated by the licensee shall be</p> <p>5 permitted to assist the resident with</p> <p>6 self-administration...(2) Once ordered</p> <p>7 by the physician the medication is given according to the physician's directions. This requirement has not been met as evidence by:</p>		
	<p>8 Based on LPA's records review and interviews conducted with</p> <p>9 Administrator did not ensure that R1</p> <p>10 was assisted with their Tranexamic</p> <p>11 Acid medication as prescribed by</p> <p>12 their physician which poses an</p> <p>13 immediate risk to the health & safety</p> <p>14 of resident in care.</p>	<p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p>	
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>		
	<p>1</p> <p>2</p> <p>3</p>		

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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 MANAGER:	Bethany Moellers
NAME OF LICENSING PROGRAM ANALYST:	Marisol Cuadra
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 10/09/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 10/09/2025