

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486830735

Report Date: 08/19/2021

Date Signed: 09/13/2021 01:42:55 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, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928	
FACILITY EVALUATION REPORT			
FACILITY NAME: VACA VALLEY LIVING A MEMORY CARE COMMUNITY		FACILITY NUMBER: 486830735	
ADMINISTRATOR: JAMIE HEALER		FACILITY TYPE: 740	
ADDRESS: 80 ORANGE TREE CIRCLE		TELEPHONE: (707) 724-6751	
CITY: VACAVILLE		STATE: CA ZIP CODE: 95687	
CAPACITY: 60		CENSUS: 48 DATE: 08/19/2021	
TYPE OF VISIT: Case Management - Other		UNANNOUNCED TIME BEGAN: 10:54 AM	
MET WITH: Jennifer Ramos, Care Coordinator		TIME COMPLETED: 02:18 PM	
NARRATIVE			
1	On 8/19/21 Licensing Program Analyst (LPA) Walters conducted a Case Management inspection with		
2	Care Coordinator, Jennifer Ramos. The Administrator was not available for today's visit. This is a		
3	residential memory care facility, the current census is 48. There were 6 staff on duty providing care and		
4	supervision.		
5			
6	While conducting a complaint inspection, LPA observed the following area of non-compliance: At		
7	approximately 10:30 AM while on tour, LPA observed, that the facility exit was obstructed using a ply		
8	wood board from the exterior. The ply wood was screwed into the door frame with nails, preventing		
9	residents from exiting or opening the exit door. Maintenance Staff, immediately unscrewed the nails.		
10	Pictures were taken and will remain on file.		
11			
12	JR, stated that the auditory alarm and delayed egress on the facility exit was malfunctioning, a ply wood		
13	board was placed on the exit door, to prevent the alarm, from continuing to sound. JR understands that		
14	all EXIT's must be unobstructed. The facilities plan of operation and emergency disaster plan shall		
15	address the needs of residents with dementia, including: Safety measures to address behaviors such as		
16	wandering when delayed egress is not functional. JR also understands that all incidents are to be		
17	reported to CCL.		
18			
19	Continued on 809-C		
20			
21			
22			
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25			
NAME OF LICENSING PROGRAM MANAGER: Hope DeBenedetti			
NAME OF LICENSING PROGRAM ANALYST: Katrina Walters			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/13/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/13/2021

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 101 GOLF COURSE DR.
STE. A-230
ROHNERT PARK, CA 94928

FACILITY NAME: VACA VALLEY LIVING A MEMORY CARE
COMMUNITY

FACILITY NUMBER: 486830735

VISIT DATE: 08/19/2021

NARRATIVE

1 The following deficiencies were observed (see LIC 809D) and cited from the California Code of
2 Regulations, Title 22, Division 6 of California Regulation. Failure to correct the deficiency and/or repeat
3 deficiencies within a 12 month period may result in civil penalties. Exit interview conducted and appeal
4 of rights provided.

5
6 A civil penalty for \$500.00 was assessed during today's visit.
7

8
9 Due to a computer malfunction all reports from this date were erased from the database, original copies
10 with signatures are on file and this 9099 is just to memorialize in the database the 10 day was
11 completed timely.
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NAME OF LICENSING PROGRAM MANAGER: Hope DeBenedetti

NAME OF LICENSING PROGRAM ANALYST: Katrina Walters

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/13/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/13/2021

LIC809 (FAS) - (06/04)

Page: 2 of 3

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: VACA VALLEY LIVING A MEMORY CARE COMMUNITY



FACILITY NUMBER: 486830735

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/19/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 08/23/2021 Section Cited	1 87203 Fire Safety. All facilities shall 2 be maintained in conformity with the 3 regulations adopted by the State Fire 4 Marshal for the 5 protection of life and property against 6 fire and panic. This requirement is not 7 met as evidenced by:		
	8 Based on Observation, Licensee did 9 not comply by obstructing a facility 10 exit, which poses an immediate 11 health, safety or personal rights risk 12 to persons in care.**Immediate Civil 13 Penalty assessed in the amount of 14 \$500.]' [8 Administrator will send proof of 9 inspection to CCL attention LPA 10 Walters. 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME:	Hope DeBenedetti
LICENSING EVALUATOR NAME:	Katrina Walters
LICENSING EVALUATOR SIGNATURE:	
	DATE: 08/19/2021
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 08/19/2021