

## Community Care Licensing

# FACILITY EVALUATION REPORT

**Facility Number:** 486830735

**Report Date:** 08/19/2021

**Date Signed:** 09/13/2021 01:42:55 PM

**Document Has Been Signed on** 09/13/2021 01:42 PM - **It Cannot Be Edited**

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
<b>FACILITY EVALUATION REPORT</b>	

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	<b>While conducting a complaint inspection, LPA observed the following area of non-compliance:</b> 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	<b>Continued on 809-C</b>
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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

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

LIC809 (FAS) - (06/04)

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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 (Cont)****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 **A civil penalty for \$500.00 was assessed during today's visit.**

6  
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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

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LIC809 (FAS) - (06/04)

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<b>FACILITY EVALUATION REPORT (Cont)</b>	

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

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

<b>SUPERVISOR'S NAME:</b>	Hope DeBenedetti
<b>LICENSING EVALUATOR NAME:</b>	Katrina Walters
<b>LICENSING EVALUATOR SIGNATURE:</b>	
	<b>DATE:</b> 08/19/2021

<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 08/19/2021