

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 490106870

Report Date: 07/15/2025

Date Signed: 07/15/2025 01:15:33 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: ALL SEASONS RESIDENTIAL CARE HOME	FACILITY NUMBER: 490106870
ADMINISTRATOR/GEORGE AND LISA MELO	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 5509 VOLKERTS ROAD	TELEPHONE: (707) 829-8109
CITY: SEBASTOPOL	STATE: CA
CAPACITY: 6	ZIP CODE: 95472
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
	DATE: 07/15/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 09:02 AM
MET WITH: Lisa Melo, Admin	TIME VISIT/INSPECTION
	COMPLETED: 01:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Christi Coppo arrived unannounced to conduct a required Annual
2	inspection and was greeted by caregiver. Administrator Lisa Melo arrived shortly after..
3	
4	At approximately 9:30am LPA and Admin toured the building and grounds. The facility was found to be
5	clean and at a comfortable temperature. LPA observed at least a 2 day supply of perishable and 7 day
6	supply of non-perishable food. Food was found to be stored in a safe manner with open items covered.
7	Kitchen cabinet containing cleaning supplies was locked. Kitchen drawer with sharp knives locked.
8	Rodent droppings found in kitchen hand towel drawer on left hand side of sink. Rodent traps found in
9	drawer above hand towel drawer and rodent droppings found under the kitchen sink (deficiency cited,
10	see 809D).
11	
12	All bedrooms were equipped with lighting, night stand, and chest of drawers. All bedrooms were clean
13	and in good repair. Extra hygiene products and linens were available. Resident bathroom had required
14	bath mat and grab bar. Water temperature in sink accessible to residents in care measured at 106.9
15	degrees F which is within the allowable range of 105 to 120 degrees F.
16	
17	Fire extinguishers were last inspected 1/30/25. Smoke/Carbon Monoxide detectors located throughout
18	the facility were tested and operational. Facility's last quarterly disaster drill were conducted on 6/2/25.
19	Facility has a backup generator for use during a power outage.
20	
21	
22	At approximately 10:30am LPA conducted a review of six [6] resident records. All required
23	documentation present.
24	
25	Continued on 809C...

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi

NAME OF LICENSING PROGRAM ANALYST: Christi Coppo

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/15/2025

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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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
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FACILITY NAME: ALL SEASONS RESIDENTIAL CARE HOME

FACILITY NUMBER: 490106870

VISIT DATE: 07/15/2025

NARRATIVE	
1	Continued from 809...
2	
3	At approximately 11:30am LPA conducted review of five [5] staff records. No deficiencies cited. Staff
4	(S1) was found to be training at the facility but did not have fingerprint clearance per Guardian. Per
5	Admin, S1 has been training at facility for 2 days. Admin advised they thought S1 had fingerprint
6	clearance through their CNA license but provided LPA with Live Scan form, not proof of clearance
7	(deficiency cited, see 809D) . Facility has basement apartment rented to individual (I1). Per Admin, I1
8	helps to lift residents when they fall. LPA advised that if I1 has access to facility and provides any direct
9	care, including lifting, that they must have fingerprint clearance. Admin acknowledges fingerprint
10	clearance requirement and will direct I1 to obtain fingerprint clearance. LPA advised Admin to have I1
11	cease entering facility and providing care until fingerprint clearance is granted.
12	
13	At approximately 12:00pm LPA and Admin conducted a spot check of medication and medication
14	records. Medication is centrally stored in a locked closet. No deficiencies
15	
16	Lisa Melo Administrator Certificate 7034467740 expires 11/16/26. LPA and Administrator discussed
17	facility's Infection Control Plan and Emergency Disaster plan. No new updates.
18	
19	
20	
21	
22	Updated copies of the following documents were obtained for facility file:
23	
24	LIC500- Personnel Report
25	LIC308- Designation of Responsibility
26	Liability Insurance
27	
28	Deficiencies cited from the California Code of Regulations, Title 22, Division 6 of California
29	Regulation and the Health and Safety Code. Appeal rights given and discussed with
30	Administrator. Failure to correct the deficiency and/or repeat deficiencies within a 12 month
31	period may result in civil penalties.
32	
	Exit interview conducted with Administrator and a copy of this report was given.

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi NAME OF LICENSING PROGRAM ANALYST: Christi Coppo LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/15/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/15/2025

LIC809 (FAS) - (06/04)

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ALL SEASONS RESIDENTIAL CARE HOME **FACILITY NUMBER:** 490106870
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/15/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87355(e)	
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Criminal Record Clearance

(e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility:

 This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on LPA and Admin observation and record review, the licensee did not comply with the section cited above in that S1 did not have fingerprint clearance, which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 07/16/2025
	Plan of Correction
1 2 3 4	Facility to submit LIC9098 self-certifying S1 will not be present at or working in the facility until fingerprint clearance is obtained, by plan of correction due date.

	Section Cited			
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	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

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:	Victoria Bertozzi
NAME OF LICENSING PROGRAM ANALYST:	Christi Coppo
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/15/2025

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Created By: Christi Coppo On 07/15/2025 at 12:40 PM
 Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
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FACILITY NAME: ALL SEASONS RESIDENTIAL CARE HOME

FACILITY NUMBER: 490106870

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/15/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87555(b)(27)	
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General Food Service Requirements

(b) The following food service requirements shall apply: (27) All kitchen areas shall be kept clean and free of litter, rodents, vermin and insects.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on LPA and Admin observation, the licensee did not comply with the section cited above in that rodent droppings found in kitchen hand towel drawer on left hand side of sink. Rodent glue/sticky traps found in drawer above hand towel drawer and rodent droppings found under the kitchen sink, which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 07/29/2025
	Plan of Correction
1	Facility to submit work order and paid invoice for rodent exterminator by plan of correction due date.
2	
3	
4	

		Section Cited			
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	Deficient Practice Statement
1	
2	
3	
4	
	POC Due Date:
	Plan of Correction
1	
2	
3	
4	

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:	Victoria Bertozzi
NAME OF LICENSING PROGRAM ANALYST:	Christi Coppo
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/15/2025