

Department of

# SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 496803820

Report Date: 10/10/2025

Date Signed: 10/10/2025 03:54:40 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
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<b>FACILITY EVALUATION REPORT</b>	
FACILITY NAME: ENSO VILLAGE, A KENDAL AFFILIATE	FACILITY NUMBER: 496803820
ADMINISTRATOR/ANNET NAKIYUKA	FACILITY TYPE: 741
DIRECTOR:	
ADDRESS: 1801 BOXHEART DRIVE	TELEPHONE: (925) 366-3414
CITY: HEALDSBURG	STATE: CA
CAPACITY: 400	ZIP CODE: 95448
TYPE OF VISIT: Required - 1 Year	CENSUS: 307
	DATE: 10/10/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 08:55 AM
MET WITH: Anne Nakiyuka, Administrator	TIME VISIT/INSPECTION
	COMPLETED: 04:15 PM

NARRATIVE	
1	At approximately 8:55 AM, Licensing Program Analyst (LPA) Robert Frank arrived unannounced to
2	conduct a 1-Year Required inspection. LPA was greeted by Administrator, Anne Nakiyuka at 8:40 AM.
3	Enso Village, a Kendal Affiliate serves older adults in Independent living, Assisted Living and Memory
4	Care. The facility is licensed as a Residential Care Facility for the Elderly-Continuing Care Retirement
5	Community (RCFE-CCRC). The Facility has a plan of operation for dementia care and programming on
6	file. Facility has an approved fire clearance and total capacity for four hundred (400) non-ambulatory
7	residents. The facility has an approved hospice waiver for ten (10) residents. The facility consists of
8	multiple buildings, all of which are inter-connected by paved walkways. LPA was informed that there
9	were 307 Residents in care. At approximately 10:30 AM LPA reviewed Facility Staff Roster and found
10	that all staff members on site were background cleared and associated to the facility per regulation.
11	
12	At approximately 11:00 AM LPA toured the facility with Administrator Nakiyuka. The facility was observed
13	to be clean, orderly, and at a comfortable temperature during today's visit. All common areas, hallways,
14	and bathrooms observed by the LPA had sufficient lighting. Bathrooms observed had grab bars, and
15	non-slip mat/flooring for bathing/showering as needed. The facility has emergency supplies, including
16	food and water to meet requirements of the 72-hour shelter in place. The kitchen was observed to have
17	a sufficient supply of perishable and non-perishable food. The facility offers a wide variety of menu
18	options for the residents at each meal. There is a main dining room and a smaller dining room
19	available for assisted living residents. There is also a separate kitchen offering strictly vegetarian and
20	vegan options for residents. Snacks are available to residents at all times. The Facility has a sufficient
21	supply of cleaners, hygiene items, PPE supply, and paper products. All toxins/cleaners were locked and
22	inaccessible to residents in care. Hot water temperatures for a sample size of fifteen (15) sinks were
23	found to be within Title 22 regulations of 105 to 120 degrees Fahrenheit. All stairwells had evacuation
24	chairs per regulation. Continued on 809-C...
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Victoria Bertozzi
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Robert Frank

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/10/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/10/2025

**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.

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**Created By: Robert Frank On 10/10/2025 at 09:59 AM**  
**Link to Parent Document Below:**

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></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:** ENSO VILLAGE, A KENDAL AFFILIATE  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 496803820  
**VISIT DATE:** 10/10/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87705(e)(5)	
		87705	Care of Persons with Dementia		
		<p>(e) Licensees that use delayed egress devices on exterior doors and perimeter fence gates shall meet the following initial and continuing requirements:</p> <p>(5) Facility staff shall ensure the continued safety of residents if they wander away from the facility without violating Sections 87468.1, Personal Rights of Residents in All Facilities and Section 87468.2, Additional Personal Rights of Residents in Privately Operated Facilities.</p> <p>This requirement is not met as evidenced by:</p>			
		<b>Deficient Practice Statement</b>			
1		Based on interview and record review, the licensee did not comply with the section cited above in that a			
2		delayed egress door alarm failed which allowed resident R1 to leave the Memory Care unit which poses			
3		a potential health, safety or personal rights risk to persons in care.			
4					
		<b>POC Due Date:</b> 10/17/2025			
		<b>Plan of Correction</b>			
1		Licensee to begin daily testing of Memory Care unit delayed egress door alarms and maintain a log of			
2		daily checks. Licensee will submit a copy of the logs for five (5) days to Community Care Licensing by			
3		the POC due date of 10/17/2025.			
4					

		Section Cited			
		<b>Deficient Practice Statement</b>			
1					
2					
3					
4					
		<b>POC Due Date:</b>			
		<b>Plan of Correction</b>			
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:**

**NAME OF LICENSING PROGRAM**

Robert Frank

**ANALYST:**

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/10/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/10/2025

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
SANTA ROSA RO, 1450 NEOTOMAS AVENUE,  
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SANTA ROSA, CA 95405

**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** ENSO VILLAGE, A KENDAL AFFILIATE

**FACILITY NUMBER:** 496803820

**VISIT DATE:** 10/10/2025

**NARRATIVE**

1 ...Continued from 809

2  
3 The buildings' smoke and carbon monoxide detectors and sprinkler system were last inspected in  
4 5/2025. All exits were observed to be unobstructed. All fire extinguishers were serviced and tagged in  
5 8/2025. The facility conducts disaster drills quarterly. The last disaster drill was conducted on 8/14/2025.  
6

7 LPA also followed up on an incident report that was submitted to Community Care Licensing (CCL) by  
8 the facility. The Incident report stated that a Memory Care resident (R1) was found walking outside of  
9 the Memory Care unit. The delayed egress door alarm where the resident exited the memory care unit  
10 was not functioning. The facility will be cited for the delayed egress door alarm not functioning. The  
11 facility had the door repaired immediately. The facility has begun checking the delayed egress door  
12 alarms twice a day and has begun keeping logs of the delayed egress alarm tests. It addition, the facility  
13 has added alarms to each door so that facility security and staff are alerted when the alarm is activated.  
14 As such, the deficiency has been cleared during today's visit.  
15

16  
17  
18 LPA was unable to complete the Annual Inspection. An Annual Inspection Continuation Visit to be  
19 conducted at a later date.  
20

21  
22 **Deficiencies are cited from the California Code of Regulations (CCRs), and/or the Health and**  
23 **Safety Code. Failure to correct the cited deficiency, on or before the Plan of Correction (POC)**  
24 **due date, may result in a civil penalty assessment.**  
25

26  
27  
28 Exit interview conducted. Copy of report, LIC-809D, Plan of Corrections, 811 Confidential Names, Letter  
29 of Deficiency Clearance and Appeal Rights discussed and provided to Administrator Nakiyuka.  
30 Signature on form confirms receipt of documents.  
31  
32

**NAME OF LICENSING PROGRAM MANAGER:** Victoria Bertozzi

**NAME OF LICENSING PROGRAM ANALYST:** Robert Frank

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 10/10/2025

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