

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496803825

Report Date: 03/12/2026

Date Signed: 03/12/2026 03:32:06 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: VINE RIDGE SENIOR LIVING	FACILITY NUMBER: 496803825
ADMINISTRATOR/LUA, CARLA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 247 TREADWAY DRIVE	TELEPHONE: (707) 791-4787
CITY: CLOVERDALE	STATE: CA
CAPACITY: 99	ZIP CODE: 95425
TYPE OF VISIT: Case Management - Incident	CENSUS: 44
	DATE: 03/12/2026
	UNANNOUNCED TIME VISIT/INSPECTION: 12:30 PM
	BEGAN: TIME VISIT/INSPECTION: 03:40 PM
MET WITH: Carla Lua, Executive Director	COMPLETED:

NARRATIVE

1 At approximately 12:30 PM, Licensing Program Analyst (LPA) Robert Frank arrived unannounced to
2 conduct a Case Management inspection and met with Executive Director (ED) Carla Lua. The facility
3 submitted one (1) Incident Report (IR) for Resident 1 (R1) for a medication error.
4

5 On 3/8/2026, at approximately 1:30 PM during the afternoon medication pass, medications were being
6 delivered to residents directly in their rooms. During this medication pass Medication Aid MA1
7 mistakenly gave medications intended for resident R2 to resident R1. Medication aide MA1 immediately
8 realized their error and called emergency services and notified ED Lua. Resident R1 was transported to
9 the Kaiser Permanent Emergency Department for evaluation. Resident R1 returned to the facility later
10 the same day. Resident R1 suffered no adverse effects of the medications given to them in error.
11 Resident R1's after visit summary stated they should skip taking a specific medication the following
12 morning on 3/9/2026. The facility did inadvertently give the medication that was to be skipped to resident
13 R1. Resident R1 suffered no adverse effects of not skipping the noted medication. The facility has
14 immediately changed its procedures so that three (3) staff members are reviewing residents After Visit
15 Summaries when residents are seen in Emergency Departments or seen by their primary care
16 physicians.
17

18 The facility will be cited for this deficiency.
19

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

Exit interview conducted. Copy of report, LIC-809D, Plan of Corrections, 811 Confidential Names and

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi

NAME OF LICENSING PROGRAM ANALYST: Robert Frank


LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/12/2026

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 III, 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 03/12/2026 at 12:46 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: VINE RIDGE SENIOR LIVING

FACILITY NUMBER: 496803825

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/12/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/13/2026 Section Cited CCR 87465(a)(4)	1 87465 Incidental Medical and Dental 2 Care (a) A plan for incidental medical... 3 shall be developed...by compliance with 4 the following: (4) The licensee shall 5 assist residents with self-administered 6 medications as needed. 7 This requirement is not met as evidenced by:	1 Licensee or Administrator will submit 2 proof that all of the facility's Medication 3 Aids have retaken "Hour 3" training as 4 shown in the facility's Medication 5 Training Program to Community Care 6 Licensing by POC due date of 7 3/13/2026. Additionally, the facility will develop and submit Procedures
	8 Based on interview & record review, the 9 licensee did not comply with the section 10 cited above in that on 3/8/2026 11 medication prescribed for resident R2 12 was given to resident R1 which poses 13 an immediate health, safety or personal 14 rights risk to persons in care.	8 for Medication Errors to Community 9 Care Licensing by POC due date of 10 3/13/2026. 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	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.

NAME OF LICENSING PROGRAM	Victoria Bertozzi
MANAGER:	

NAME OF LICENSING PROGRAM

Robert Frank

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/12/2026