

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496803849
Report Date: 06/30/2026
Date Signed: 06/30/2026 04:46:57 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: ADOM MANOR CARE HOME		FACILITY NUMBER:	496803849
ADMINISTRATOR/KARIKARI, EVA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(707) 526-6895
ADDRESS: 2543 TACHEVAH DR	STATE: CA	ZIP CODE:	95405
CITY: SANTA ROSA	CENSUS: 6	DATE:	06/30/2026
CAPACITY: 6	UNANNOUNCED	TIME VISIT/INSPECTION	01:25 PM
TYPE OF VISIT: Required - 1 Year		BEGAN:	
MET WITH: Eva Karkari, licensee		TIME VISIT/INSPECTION	05:01 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Christi Coppo arrived unannounced to conduct a required Annual		
2	inspection and was greeted by caregiver. Administrator Eva Karikari arrived later, certificate		
3	#7014764740 expires 1/26/28		
4			
5	At approximately 1:45pm LPA and licensee toured the building and grounds. The facility was found to be		
6	clean and at a comfortable temperature. LPA observed at least a 2 day supply of perishable and 7 day		
7	supply of non-perishable food. Food was found to be stored in a safe manner with open items covered.		
8	Extra food stored in garage along with canned goods. Closet containing cleaning supplies was locked.		
9	Kitchen drawer with sharp knives locked.		
10			
11	All bedrooms were equipped with lighting, night stand, and chest of drawers. All bedrooms were clean		
12	and in good repair. Extra hygiene products and linens were available. Resident bathrooms had required		
13	bath mats and grab bars. Water temperature in sinks accessible to residents in care measured at 106.7		
14	degrees F in the kitchen, 113.4 degrees F in room #5, 112.1 degrees F in the main bath and 109.4		
15	degrees F in kitchen, and 108.9 degrees F in the back hall bathroom which are all within the allowable		
16	range of 105 to 120 degrees F. Room #6 has a pump feature that enables hot water accessibility. Room		
17	#6 is located in a part of the house that was an addition to the facility so that is why the hot water from		
18	the hot water heater does not reach room #6 in a timely manner. Pump ensures hot water delivery in a		
19	timely manner. Licensee demonstrated pump to LPA. LPA asked resident to explain hot water		
20	procedure. Resident was able to communicate a clear understanding of how to turn on hot water. LPA		
21	observed it to be in working order. Water temperature in room #6 was 109.4 degrees F.		
22			
23	Continued on 809C...		
24			
25			

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi
NAME OF LICENSING PROGRAM ANALYST: Christi Coppo

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/30/2026

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 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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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ADOM MANOR CARE HOME

FACILITY NUMBER: 496803849

VISIT DATE: 06/30/2026

NARRATIVE	
1	Continued from 809...
2	
3	Fire extinguishers were last inspected 3/2/25. Smoke/Carbon Monoxide detectors located throughout
4	the facility were operational. Facility's last quarterly disaster drills were conducted 5/8/26. Facility has a
5	backup generator for use during a power outage.
6	
7	
8	
9	
10	At approximately 2:30pm LPA conducted a review of six (6) resident records. Resident (R3) did not have
11	a current Appraisal, Needs, and Services Plan (deficiency cited, see 809D).
12	
13	At approximately 3:15pm LPA conducted review of five (5) staff records. LPA discussed with licensee
14	updating her forms to ensure all hands-on shadowing forms for training list the date of training and hour
15	duration of training. No deficiencies cited. LPA discussed with licensee training requirements per Health
16	and Safety Codes: 1569.625, 1569.696, and 1569.69.
17	
18	At approximately 3:45pm LPA and licensee conducted a spot check of medication and medication
19	records. Medication is centrally stored in a locked cabinet. LPA discussed with licensee the need to have
20	all directions for administration listed on the Centrally Stored Medication Log (CSML). LPA discussed
21	with licensee PRN MAR requirement. LPA observed PRN Authorization letters in resident files, but forms
22	were blank. LPA advised if residents can both clearly determine and communicate their need for PRNs
23	then a PRN MAR is not required.
24	
25	
26	
27	Deficiencies cited from the California Code of Regulations, Title 22, Division 6 of California
28	Regulation and the Health and Safety Code. Appeal rights given and discussed with licensee.
29	Failure to correct the deficiency and/or repeat deficiencies within a 12 month period may result
30	in civil penalties. Exit interview conducted with licensee and a copy of this report was given.
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi	
NAME OF LICENSING PROGRAM ANALYST: Christi Coppo	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/30/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/30/2026

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** ADOM MANOR CARE HOME**FACILITY NUMBER:** 496803849**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 06/30/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87457(a)	
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(a) The pre-admission appraisal, as specified in Section 87457, Pre-Admission Appraisal, shall be updated, in writing as frequently as necessary or once every 12 months, whichever occurs first, to note significant changes in condition, as defined in Section 87101, Definitions, and to keep the appraisal accurate. For the purposes of this section, the updated pre-admission appraisal shall be referred to as the reappraisal.

This requirement is not met as evidenced by:

	Deficient Practice Statement
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1	Based on LPA and licensee record review, the licensee did not comply with the section cited above in that R3 did not have a current appraisal, needs, and services plan, which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	

	POC Due Date: 07/14/2026
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	Plan of Correction
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1	Facility to submit to appraisal, needs, and services plan for R3 by plan of correction due date.
2	
3	
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		Section Cited			
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	Deficient Practice Statement
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1	
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4	

	POC Due Date:
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	Plan of Correction
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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: 06/30/2026

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