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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496804009
Report Date: 11/07/2025
Date Signed: 11/07/2025 02:31:52 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405

FACILITY NAME:	CLOVERDALE BETTER LIVING SENIOR CARE		FACILITY NUMBER:	496804009
ADMINISTRATOR/ DIRECTOR:	GENET, MELISSA		FACILITY TYPE:	740
ADDRESS:	611 CHERRY CREEK ROAD		TELEPHONE:	(707) 669-5020
CITY:	CLOVERDALE	STATE: CA	ZIP CODE:	95425
CAPACITY: 13		CENSUS: 9	DATE:	11/07/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:30 AM
MET WITH:	Melissa Genet, Administrator		TIME VISIT/ INSPECTION COMPLETED:	02:40 PM

NARRATIVE

At approximately 9:30 AM, Licensing Program Analyst (LPA) Robert Frank arrived unannounced to conduct a Required 1 Year visit. Cloverdale Better Living Senior Care is Licensed as a Residential Care Facility for the Elderly (RCFE). The facility is a single story ranch house. The facility has an approved fire clearance for thirteen (13) non-ambulatory residents, four (4) of whom may be bedridden. The facility has a Hospice Waiver for ten (10) residents. Upon arrival, LPA was informed that there were nine (9) residents in care and two (2) staff members on-site. At approximately 9:45 AM, LPA reviewed the Facility's Staff Roster and found that all staff on-site were background cleared and associated to the facility per regulation.

At approximately 9:50 AM, LPA toured the facility with Administrator Genet. All exits were clear and unobstructed. The facility's three (3) fire extinguishers were last serviced and tagged on 3/7/2025. The facility's sprinkler system inspection is overdue. The sprinkler systems last annual inspection was in 2/2023. This deficiency will be cited. The closet that houses the sprinkler system controls was observed to have exposed wiring which could be a potential safety hazard. This deficiency will be cited. The facility was sufficiently lighted. LPA inspected eight (8) resident bedrooms and found all to have sufficient lighting and furnishings as required per Title 22 Regulations. There was a sufficient supply of both perishable and nonperishable foods as required by Title 22 Regulations. There was an appropriate supply of cleaning products, linens, hygiene products and paper products available for residents. Toxins were observed to be stored inaccessible to residents. Facility has an infection control plan as required. The facility has a required emergency disaster plan. The facility is conducting fire and emergency drills quarterly; however, the facility is not keeping a log of emergency drills as required. This deficiency will be cited. The facility has emergency food and supplies to meet the "72 hour shelter in place" requirements.
Continued on 809-C...

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi
NAME OF LICENSING PROGRAM ANALYST: Robert Frank

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/07/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/07/2025

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.

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

FACILITY NAME: CLOVERDALE BETTER LIVING SENIOR CARE **FACILITY NUMBER:** 496804009

VISIT DATE: 11/07/2025

NARRATIVE

...Continued from 809

Hot water temperatures for a sample of sinks in the facility were found to be within Title 22 regulations of 105 to 120 degrees Fahrenheit.

At approximately 11:00 AM, LPA reviewed five (5) resident files. Two (2) of five (5) resident files were observed (for residents R1 and R3) to not have LIC 613C Personal Rights documents in their files. One (1) of five (5) files were observed (for resident R2) not to have a current resident appraisal/Needs and Service Plan. These deficiencies will be cited. All remaining resident files were observed with all required documentation. LPA reviewed five (5) staff files. All staff files were observed with all required documentation including First Aid and CPR certification and proper training documentation. LPA spot checked Medication for five (5) residents. LPA observed all medications to be centrally stored, secure and with proper documentation. The facility does not handle resident's monies for personal and incidental items.

Melissa Genet's Administrator Certification 7021074740 is current with an expiration date of 12/1/2027.

LPA requested the following documents be submitted to Community Care Licensing by 12/7/2025:

LIC 610E Emergency Disaster Plan
Proof of Liability Insurance
Updated Property Lease

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

Exit interview conducted. Copy of report, LIC-809Ds, Plan of Corrections, 811 Confidential Names and Appeal Rights discussed and provided to Administrator Genet. Signature on form confirms receipt of documents.

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi
NAME OF LICENSING PROGRAM ANALYST: Robert Frank
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 11/07/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 11/07/2025

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FACILITY NAME: CLOVERDALE BETTER LIVING SENIOR CARE **FACILITY NUMBER:** 496804009
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 11/07/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87202(a)	

Fire Clearance

(a) All facilities shall maintain a fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal. Prior to accepting or retaining any of the following types of persons, the applicant or licensee shall notify the licensing agency and obtain an appropriate fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in that the sprinkler and fire alarm system have not had an annual inspection since 2/2023 which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 12/01/2025
	Plan of Correction
1 2 3 4	Licensee to have the sprinkler and fire alarm system inspected and will send inspection documents to Community Care Licensing by the POC due date of 12/1/2025.

	Type B	Section Cited	CCR	87303(a)	

Maintenance and Operation

(a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in that there are exposed wires in the fire sprinkler control closet in the bathroom at the rear of the facility which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 12/01/2025
	Plan of Correction
1 2 3 4	Licensee to have exposed wires put into a junction box or use other means to secure the wires to ensure that they are no longer exposed. Licensee will send photographs of secure wires to Community Care Licensing by POC due date of 12/1/2025.

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: Robert Frank
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/07/2025

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87463(a)	

Reappraisals

(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
1 2 3 4	Based on observation and record review, the licensee did not comply with the section cited above in that one (1) of five (5) files were observed (for resident R2) not to have a current resident appraisal/Needs and Service Plan which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 12/01/2025
	Plan of Correction
1 2 3 4	Licensee will submit a completed and signed updated resident appraisal/Needs and Service Plan to Community Care Licensing by POC due date of 12/1/2025.

	Type B	Section Cited	HSC	1569.695(c)	

Other Provisions

(c) A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation and interview, the licensee did not comply with the section cited above that the facility does not maintain an Emergency Disaster Drill log which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 12/01/2025
	Plan of Correction
1 2	Licensee to submit a completed Emergency Disaster Drill Log showing that an actual drill was conducted to Community Care Licensing by POC due date of 12/1/2025.

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:	Robert Frank
LICENSING PROGRAM ANALYST SIGNATURE:	**DATE:** 11/07/2025
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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87468(b)(1)(A)	

87468 Personal Rights (b)At the time the admission agreement is signed, a resident and the resident's representative shall be personally advised of and given a copy of: (1)The personal rights of residents specified in Sections 87468.1, Personal Rights of Residents in All Facilities or and 87468.2, Additional Personal Rights of Residents in Privately Operated Facilities, as applicable to the facility. (A)The licensee shall have each resident and the resident's representative sign a copy of these rights, and the signed copy shall be included in the resident's record.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation and record review, the licensee did not comply with the section cited above in that two (2) of five (5) resident files were observed (for residents R1 and R3) to not have LIC 613C Personal Rights document which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 12/01/2025
	Plan of Correction
1 2 3 4	Licensee to submit signed LIC 613C Personal Rights documents for residents R1 and R3 to Community Care Licensing by POC due date of 12/1/2025.

		Section Cited			

	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.

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