

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496804101
Report Date: 08/19/2025
Date Signed: 08/19/2025 03:36:42 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:	BELLA VISTA VILLAGE II, LLC	FACILITY NUMBER:	496804101
ADMINISTRATOR/ROBLES, JESSICA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	18941 SONOMA HWY	TELEPHONE:	(707) 712-2790
CITY:	SONOMA	STATE: CA	ZIP CODE: 95476
CAPACITY: 12		CENSUS: 9	DATE: 08/19/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	09:18 AM
		BEGAN:	
MET WITH:	Jessica Robles, Administrator	TIME VISIT/INSPECTION	03:50 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Christi Coppo arrived unannounced to conduct a required Annual inspection and was greeted by Administrator Jessica Robles. Administrator Certificate # for Jessica Robles is 7028206740 and expires 5/16/26. Facility contact information was reviewed.
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5	At approximately 10:00am LPA and Admin toured the building and grounds. While touring the facility LPA observed caregiver engaged in sensory activities with residents in the Main house. The facility was found to be clean and at a comfortable temperature. LPA observed at least a 2 day supply of perishable and 7 day supply of non-perishable food. Food was found to be stored in a safe manner with open items covered and most items had date of opening marked on containers. Kitchen drawer with sharp knives locked. Cabinet containing cleaning supplies was locked.
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9	All bedrooms were equipped with lighting, night stand, and chest of drawers. All bedrooms were clean and in good repair. Extra hygiene products and linens were available. Resident bathroom had required bath mat and grab bar. Water temperature in sink accessible to residents in care measured at 113.9 degrees F in the kitchen, 107.6 degrees F in cottage #3, 107.3 degrees F in cottage #2, 108.1 degrees F in cottage #1, and 109.7 degrees F in Main cottage which are all within the allowable range of 105 to 120 degrees F.
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13	Fire extinguishers were last inspected 8/5/24, but are showing as fully charged. Smoke/Carbon Monoxide detectors located throughout the facility are serviced by a vendor, last date of service was March 2025. Facility's last quarterly disaster drills were conducted on 6/10/25, 6/12/25. Facility has a backup generator for use during a power outage.
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17	Continued on 809C...
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NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi
NAME OF LICENSING PROGRAM ANALYST: Christi Coppo

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/19/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/19/2025

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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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BELLA VISTA VILLAGE II, LLC

FACILITY NUMBER: 496804101

VISIT DATE: 08/19/2025

NARRATIVE	
1	Continued from 809...
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3	At approximately 12:00pm LPA conducted review of six [6] staff records. S1 did not have a Health
4	Screen on file (deficiency cited, see 809D).
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7	At approximately 1:30pm LPA conducted a review of six [6] resident records. Resident (R1) had razors
8	accessible but on their physician's report it states that "at risk if allowed direct access to personal
9	grooming and hygiene items." Per Admin, R1 likes to be independent as possible with grooming so
10	Admin will continue to have caregiver present at all times while R1 is using grooming razors but will now
11	keep razors in locked cabinet. 1/2 rails and crushed meds orders all on file for respective residents. R1
12	did not have clear TB result on file, however R1 did have a chest xray on file, but results not listed that
13	Admin or LPA could find. Admin called to get clear TB screen with LPA present.
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15	At approximately 2:30pm LPA and Admin conducted a spot check of medication and medication records.
16	Medication is centrally stored in a locked room. LPA advised Admin that all PRN and prescription
17	medications must be listed on the Centrally Stored Medication Log (CSML). If a medication, PRN or
18	otherwise, is no longer being administered, there must be a discontinuation notice on file. LPA and
19	Admin discussed ensuring most current physician's orders are maintained on file. LPA and Admin
20	discussed ensuring all instructions for medications be listed on CSML, even if a PRN. LPA and Admin
21	discussed live pouring medications as they may not be pre-poured. Admin agrees to cease pre-pouring
22	medications.
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26	Updated copies of the following documents were requested for facility file and are to be
27	submitted to CCL within 30 days of this visit:
28	LIC500- Personnel Report
29	LIC308- Designation of Responsibility
30	Liability Insurance
31	
32	Deficiencies cited from the California Code of Regulations, Title 22, Division 6 of California
	Regulation and the Health and Safety Code. Appeal rights given and discussed with
	Administrator. Failure to correct the deficiency and/or repeat deficiencies within a 12 month
	period may result in civil penalties. 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: 08/19/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/19/2025

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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/19/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87412(a)(11)	

Personnel Records	
(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information: (11) A health screening as specified in Section 87411, Personnel Requirements - General.	
This requirement is not met as evidenced by:	
	Deficient Practice Statement
1 2 3 4	Based on LPA anbd Admin observation and record review, the licensee did not comply with the section cited above in that S1 did not have a Health Screen on file, which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 09/02/2025
	Plan of Correction
1 2 3 4	Facility to submit proof of Health Screen for S1 by plan of ocrrection due date.

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.

NAME OF LICENSING PROGRAM MANAGER:	Victoria Bertozzi
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