

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496804188
Report Date: 10/17/2025
Date Signed: 10/17/2025 01:28:43 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:	MAGNOLIA MANOR	FACILITY NUMBER:	496804188
ADMINISTRATOR/MATOS, ELIZABETH		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	387 MAGNOLIA DRIVE	TELEPHONE:	(707) 756-5014
CITY:	HEALDSBURG	STATE: CA	ZIP CODE: 95448
CAPACITY: 5		CENSUS: 4	DATE: 10/17/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	08:30 AM
		BEGAN:	
MET WITH:	Elizabeth Matos, Administrator	TIME VISIT/	
		INSPECTION	01:40 PM
		COMPLETED:	

NARRATIVE	
1	At approximately 8:30 AM, Licensing Program Analyst (LPA) Robert Frank arrived unannounced to
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9	At approximately 9:15 AM, LPA toured the facility with Administrator Matos. All exits were clear and
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17	Continued on 809-C...
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NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi
NAME OF LICENSING PROGRAM ANALYST: Robert Frank

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/17/2025

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: MAGNOLIA MANOR

FACILITY NUMBER: 496804188

VISIT DATE: 10/17/2025

NARRATIVE	
1	...Continued from 809
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3	At approximately 10:00 AM, LPA reviewed four (4) resident files. One (1) of four (4) resident files (for
4	resident R1) was observed to not have signed Personal Rights Documents. This Deficiency will be cited.
5	All other resident files were observed with all required documentation. LPA reviewed four (4) staff files.
6	Two (2) of four (4) staff files (for staff members S1 and S2) were observed to be missing current First Aid
7	and CPR certification. This deficiency will be cited. All other staff files were observed with all required
8	documentation including First Aid and CPR certification and proper training documentation. LPA spot
9	checked Medication for two (2) residents. LPA observed all medications to be centrally stored, secure
10	and with proper documentation. The facility does not handle resident's monies for personal and
11	incidental items.
12	
13	Elizabeth Matos's Administrator Certification 7007055740 is current with an expiration date of
14	11/11/2026.
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16	LPA requested the following documents be submitted to Community Care Licensing by 11/17/2025:
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21	LIC 500 Personnel Report
22	LIC 610E Emergency Disaster Plan
23	Proof of Liability Insurance
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25	Deficiencies are cited from the California Code of Regulations (CCR), and/or the Health and
26	Safety Code. Failure to correct the cited deficiency, on or before the Plan of Correction (POC)
27	due date, may result in a civil penalty assessment.
28	
29	Exit interview conducted. Copy of report, LIC-809D, Plan of Corrections, 811 Confidential Names and
30	Appeal Rights discussed and provided to Administrator Matos. Signature on form confirms receipt of
31	documents.
32	

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi	
NAME OF LICENSING PROGRAM ANALYST: Robert Frank	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 10/17/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 10/17/2025

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FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 1450 NEOTOMAS AVENUE, STE. 100
SANTA ROSA, CA 95405

FACILITY NAME: MAGNOLIA MANOR**FACILITY NUMBER:** 496804188**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 10/17/2025**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	HSC	1569.618(c)(3)	
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Other Provisions

(c)The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following: (3) Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on the premises at all times. This paragraph shall not be construed to require staff to provide CPR.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation and record review, the licensee did not comply with the section cited above in that two (2) of four (4) staff members (staff members S1 and S2) had expired First Aid and CPR certification which poses a potential health, safety or personal rights risk to persons in care.
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	POC Due Date: 11/14/2025
	Plan of Correction
1	Licensee or Administrator to submit valid First Aid and CPR certification for staff members S1 and S2 to Community Care Licensing (CCL) by POC due date of 11/14/2025.
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	Type B	Section Cited	CCR	87468(b)(1)(A)	
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Personal Rights of Residents

(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 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	Based on observation and record review, the licensee did not comply with the section cited above in that the resident records for Resident R1 did not have a signed LIC 613C Personal Rights Document which poses a potential health, safety or personal rights risk to persons in care.
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	POC Due Date: 11/14/2025
	Plan of Correction
1	Licensee or Administrator to submit a signed LIC 613C Personal Rights Document for Resident R1 to Community Care Licensing by POC due date of 11/14/2025.
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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:** 10/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/17/2025