

Department of  
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496830756  
Report Date: 09/01/2026  
Date Signed: 09/01/2026 03:29:11 PM

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY |                                | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SANTA ROSA RO, 1450 NEOTOMAS AVENUE,<br>STE. 100<br>SANTA ROSA, CA 95405 |                |
| FACILITY EVALUATION REPORT                             |                                |                                                                                                                                                           |                |
| FACILITY NAME: MUIRWOODS MEMORY CARE                   |                                | FACILITY NUMBER:                                                                                                                                          | 496830756      |
| ADMINISTRATOR/MERCER, BRENDA                           |                                | FACILITY TYPE:                                                                                                                                            | 740            |
| DIRECTOR:                                              |                                | TELEPHONE:                                                                                                                                                | (707) 775-4330 |
| ADDRESS:                                               | 750 NORTH MCDOWELL BLVD        | ZIP CODE:                                                                                                                                                 | 94954          |
| CITY:                                                  | PETALUMA                       | STATE: CA                                                                                                                                                 |                |
| CAPACITY: 80                                           | CENSUS: 42                     | DATE:                                                                                                                                                     | 09/01/2026     |
| TYPE OF VISIT:                                         | Case Management - Deficiencies | UNANNOUNCED TIME VISIT/INSPECTION                                                                                                                         | 02:25 PM       |
| MET WITH:                                              | Administrator Brenda Mercer    | BEGAN: TIME VISIT/INSPECTION                                                                                                                              | 03:35 PM       |
|                                                        |                                | COMPLETED:                                                                                                                                                |                |

| NARRATIVE |                                                                                                                      |
|-----------|----------------------------------------------------------------------------------------------------------------------|
| 1         | Licensing Program Analyst (LPA) Star Stevenson arrived unannounced at the facility to conduct a Case                 |
| 2         | Management Incident Visit and met with Operations Specialist and interim Administrator Brenda Mercer.                |
| 3         | The purpose of this case management inspection is to follow up on late reporting of Incident Reports                 |
| 4         | (SIR's) & self-reported SOC 341's submitted to Community Care Licensing (CCL).                                       |
| 5         |                                                                                                                      |
| 6         | LPA Hansen advised in June of 2026 of Reporting Requirements due to then, no incident reports (IR's)                 |
| 7         | had been submitted in May or June of 2026. On July 1 <sup>st</sup> , 2026 facility submitted 3 Incident reports from |
| 8         | May and 2 SOC 341's from June 16, 2026.                                                                              |
| 9         |                                                                                                                      |
| 10        |                                                                                                                      |
| 11        | On August 20 <sup>th</sup> , 2026 LPA Hansen contacted facility due to not receiving IR's since 6/2026 and was       |
| 12        | informed the task of submitting the IR's was allocated to a PM shift staff that had apparently not                   |
| 13        | submitted. On 8/21/2026 the Director of Health & Wellness submitted 4 IR's (2 current & 2 late from                  |
| 14        | 8/11/2026) they followed up on 8/25/2026 by submitting 5 additional late IR's (6/24/2026, 7/8/2026,                  |
| 15        | 7/16/2026, 7/15/2026, & 7/21/2026). On 8/27/2026 the department received 2 late SOC341's that                        |
| 16        | occurred on 8/1/2026 & 8/18/2026.                                                                                    |
| 17        |                                                                                                                      |
| 18        | Regulation - <b>Reporting Requirements 87211(a)(1)</b> Each licensee shall furnish to the licensing agency           |
| 19        | such reports as the Department may require, including, but not limited to, the following:                            |
| 20        |                                                                                                                      |
| 21        | <b>Continued on 809-C</b>                                                                                            |
| 22        |                                                                                                                      |
| 23        |                                                                                                                      |
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| 25        |                                                                                                                      |

DATE: 09/01/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/01/2026

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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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES |
| <b>FACILITY EVALUATION REPORT (Cont)</b>               | COMMUNITY CARE LICENSING DIVISION        |
|                                                        | SANTA ROSA RO, 1450 NEOTOMAS AVENUE,     |
|                                                        | STE. 100                                 |
|                                                        | SANTA ROSA, CA 95405                     |

FACILITY NAME: MUIRWOODS MEMORY CARE

FACILITY NUMBER: 496830756

VISIT DATE: 09/01/2026

| NARRATIVE |                                                                                                              |
|-----------|--------------------------------------------------------------------------------------------------------------|
| 1         | Continued from LIC809                                                                                        |
| 2         |                                                                                                              |
| 3         | 1 A written report shall be submitted to the licensing agency and to the person responsible for the          |
| 4         | resident <b>within seven days</b> of the occurrence of any of the events specified in (A) through (D) below. |
| 5         | This report shall include the resident's name, age, sex and date of admission; date and nature of event;     |
| 6         | attending physician's name, findings, and treatment, if any; and disposition of the case.                    |
| 7         |                                                                                                              |
| 8         | The following deficiencies were observed ( <b>see LIC 809D</b> ) and cited from the California Code of       |
| 9         | Regulations, Title 22, Division 6 of California Regulation. <b>Failure to correct the deficiency and/or</b>  |
| 10        | <b>repeat deficiencies within a 12 month period may result in civil penalties.</b>                           |
| 11        |                                                                                                              |
| 12        | Exit interview conducted and appeal of rights provided                                                       |
| 13        |                                                                                                              |
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|---------------------------------------------------------------------------------------------------------|------------------|
| NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers                                                     |                  |
| NAME OF LICENSING PROGRAM ANALYST: Star Stevenson                                                       |                  |
| LICENSING PROGRAM ANALYST SIGNATURE:                                                                    | DATE: 09/01/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                  |
| FACILITY REPRESENTATIVE SIGNATURE:                                                                      | DATE: 09/01/2026 |

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**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** MUIRWOODS MEMORY CARE**FACILITY NUMBER:** 496830756**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 09/01/2026

| Deficiency Type<br>POC Due Date /<br>Section Number         | DEFICIENCIES                                                                                                                                                                                                                                                                                        | PLAN OF CORRECTIONS(POCs)                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type B<br>09/04/2026<br>Section Cited<br>CCR<br>87211(a)(1) | 1 87211 (a)(1) A written report shall be<br>2 submitted to the licensing agency and<br>3 to the person responsible for the<br>4 resident within seven days of the<br>5 occurrence of any of the events<br>6 specified in (A) through (D) below...<br>7 This requirement not met as evidenced<br>by: | 1 Licensee to self-certify that the<br>2 management team at Muirwoods<br>3 Memory Care has reviewed CCR<br>4 87211(a)(1) of Reporting Requirements<br>5 and submit to Community Care<br>6 Licensing (CCL) a plan for Muirwoods<br>7 to meet regulations set fourth by CCR<br>87211(a)(1) |
|                                                             | 8 During review Incident Reports in<br>9 8/2026, LPA observed no IR's had been<br>10 reported to CCL since 7/1/2026 and<br>11 CCL received 7 late IR's & then 2 late<br>12 SOC341's which poses/posed a<br>13 potential risk to the Health, Safety and<br>14 Rights of residents in care.           | 8 by End of Business (EOB) day<br>9 09/04/2026                                                                                                                                                                                                                                           |
|                                                             | 1<br>2<br>3<br>4<br>5<br>6<br>7                                                                                                                                                                                                                                                                     | 1<br>2<br>3<br>4<br>5<br>6<br>7                                                                                                                                                                                                                                                          |
|                                                             | 1<br>2<br>3<br>4<br>5<br>6<br>7                                                                                                                                                                                                                                                                     | 1<br>2<br>3<br>4<br>5<br>6<br>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**

Bethany Moellers

**MANAGER:****NAME OF LICENSING PROGRAM**

Star Stevenson

**ANALYST:****LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 09/01/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 09/01/2026