

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 576804173

Report Date: 10/15/2025

Date Signed: 10/15/2025 02:21:34 PM

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

FACILITY NAME:	GRAND RIVER VILLA	FACILITY NUMBER:	576804173
ADMINISTRATOR/DIRECTOR:	LUCELI SOTO-LUIS	FACILITY TYPE:	740
ADDRESS:	509 MICHIGAN BLVD	TELEPHONE:	(916) 373-1591
CITY:	WEST SACRAMENTO	STATE:	CA
CAPACITY:	43	ZIP CODE:	95691
TYPE OF VISIT:	Case Management - Deficiencies	CENSUS:	23
	UNANNOUNCED	DATE:	10/15/2025
		TIME VISIT/INSPECTION BEGAN:	09:35 AM
MET WITH:	Luceli Soto-Luis, Administrator	TIME VISIT/INSPECTION COMPLETED:	02:15 PM

### NARRATIVE

1 Licensing Program Analyst (LPA) Nakagawa arrived to conduct a case management visit regarding an  
2 incident report submitted to Community Care Licensing (CCL) for R1 which occurred on 10/03/2025.  
3 LPA met with Luceli Soto-Luis, the newly appointed Administrator.  
4  
5 R1 eloped while under facility responsibility. Resident R1 has a physician's report dated 02/22/2024  
6 diagnostic of dementia which states that resident is NOT able to leave facility unassisted at any time.  
7 Per facility staff resident R1 was found by family member of staff on sidewalk in community and returned  
8 to facility; staff were unaware that R1 had eloped.  
9  
10 Due to this incident, immediate elopement training for staff will be held, the front gate will be repaired,  
11 new walky-talky protocols will be established. Additionally, a wander-guard system is being considered  
12 for installation.  
13  
14  
15  
16 **The following deficiency was observed (see LIC 809D) and cited from the California Code of  
17 Regulations, Title 22, Division 6 of California Regulation. Failure to correct the deficiency and/or  
18 repeat deficiencies within a 12 month period may result in civil penalties. Exit interview  
19 conducted and appeal of rights provided. Appeal of Rights Given.**  
20  
21  
22  
23  
24  
25

NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota

NAME OF LICENSING PROGRAM ANALYST: Jill Nakagawa


**DATE:** 10/15/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/15/2025

**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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**Created By: Jill Nakagawa On 10/15/2025 at 01:32 PM**  
**Link to Parent Document Below:**

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

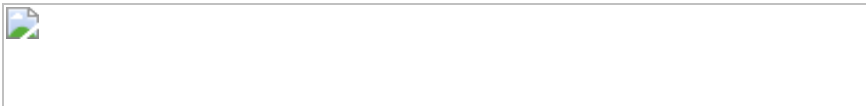
**FACILITY NUMBER:** 576804173

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 10/15/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 10/15/2025 <b>Section Cited</b> CCR 87464(f)(c)	1 87464 Basic Services(f) Basic services 2 shall at a minimum...(c) "Care and 3 supervision" means the facility 4 assumes...safety, personal care.. This 5 requirement is not met as evidenced 6 by: 7	1 Administrator agrees to conduct staff 2 training regarding elopment by 3 10/16/2025 and will have plan for gate 4 repair and wander guard to LPA by 5 10/17/2025. 6 7
	8 Based on incident report and staff 9 interview Resident R1 eloped from 10 facility without staff knowledge on 11 10/03/2025. This poses an immediate 12 risk to the safety and health of residents 13 in care. 14	
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 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.**

<b>NAME OF LICENSING PROGRAM</b>	Kimberley Mota
<b>MANAGER:</b>	
<b>NAME OF LICENSING PROGRAM</b>	Jill Nakagawa
<b>ANALYST:</b>	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 10/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/15/2025