

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 577001215
Report Date: 09/26/2025
Date Signed: 09/26/2025 04:09:18 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	UNIVERSITY RETIREMENT COMMUNITY AT DAVIS	FACILITY NUMBER:	577001215
ADMINISTRATOR/DIRECTOR:	MARIA BURTON	FACILITY TYPE:	741
ADDRESS:	1515 SHASTA DRIVE	TELEPHONE:	(530) 747-7000
CITY:	DAVIS	STATE:	CA
CAPACITY:	500	ZIP CODE:	95616
TYPE OF VISIT:	Case Management - Incident	CENSUS:	52
		DATE:	09/26/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	01:31 PM
MET WITH:	Maria Burton, Administrator	TIME VISIT/INSPECTION COMPLETED:	04:10 PM

NARRATIVE	
1	At approximately 1:30 PM, Licensing Program Analyst (LPA) Nakagawa arrived unannounced to
2	conduct a Case Management - Incident Visit and met with Administrator, Maria Burton. The purpose of
3	the visit was to follow up on self-reported incident that were submitted to Community Care Licensing
4	(CCL).
5	
6	CCL received an incident report on 07/18/2025. Review of the report stated that on 07/13/2025 Resident
7	1 (R1) left the facility unattended and was found by a bystander off the University Retirement
8	Community (URC) campus who stated, according to the Incident Report, that R1 appeared to be lost.
9	R1 asked the bystander to take him back to facility who brought R1 back and notified staff. R1's
10	Physician's Report at the time of the incident stated that R1 is unable to leave the facility unattended. R1
11	has, since the incident, been re-assessed and new Physician's Report now states R1 may leave facility
12	unattended. Due to staff being unaware of and/or unfamiliar with R1's restriction to leave facility
13	unattended R1 was able to leave URC without supervision.
14	
15	Deficiency cited from the California Code of Regulations (CCRs), and/or the Health and Safety
16	Code. Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due
17	date, may result in a civil penalty assessment.
18	This report was reviewed with Administrator and Appeal rights were given.
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25	

NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota

NAME OF LICENSING PROGRAM ANALYST: Jill Nakagawa

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/26/2025

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.

LIC809 (FAS) - (09/23)

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Created By: Jill Nakagawa On 09/26/2025 at 01:52 PM

Link to Parent Document Below:

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

FACILITY NAME: UNIVERSITY RETIREMENT COMMUNITY AT DAVIS

FACILITY NUMBER: 577001215

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/26/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 09/26/2025 Section Cited	1 87411(a) Personnel Requirements - 2 General Facility personnel shall at all 3 times be sufficient in numbers, and 4 competent to provide the services 5 necessary to meet resident needs. 6 This requirement was not met as 7 evidence by:		
	8 Based on incident report and 9 interview, facility did not provide 10 supervision to R1 resulting in an 11 elopement. The absence/lack of 12 supervision is an immediate risk to 13 the Health, Safety and Rights of 14 resident in care	8 to submit statement that all AL 9 resident records have been reviewed 10 and staff are aware of residents' 11 status of leaving the facility by 12 9/29/25. 13 14	
	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.

NAME OF LICENSING PROGRAM MANAGER:	Kimberley Mota
NAME OF LICENSING PROGRAM ANALYST:	Jill Nakagawa

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/26/2025