

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 577001215

Report Date: 01/12/2026

Date Signed: 01/12/2026 05:12:27 PM

Document Has Been Signed on 01/12/2026 05:12 PM - It Cannot Be Edited

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: UNIVERSITY RETIREMENT COMMUNITY AT DAVIS	FACILITY NUMBER: 577001215
ADMINISTRATOR/MARIA BURTON	FACILITY TYPE: 741
DIRECTOR:	
ADDRESS: 1515 SHASTA DRIVE	TELEPHONE: (530) 747-7000
CITY: DAVIS	STATE: CA
CAPACITY: 500	ZIP CODE: 95616
TYPE OF VISIT: Required - 1 Year	CENSUS: 50
	DATE: 01/12/2026
	UNANNOUNCED TIME VISIT/INSPECTION 01:15 PM
	BEGAN:
MET WITH: Maria Rodriguez-Meza, RCFE Manager	TIME VISIT/INSPECTION 05:15 PM
	COMPLETED:

### NARRATIVE

1 Licensing Program Analyst (LPA) Jill Nakagawa arrived unannounced on 01/12/2026 at University  
2 Retirement Community at Davis to conduct an Annual Inspection. The facility is a CCRC which is  
3 licensed for 500 residents. There are currently 48 residents residing in Assisted Living and Memory  
4 Care.  
5  
6 LPA met with Maria Rodriguez-Meza, the RCFE Manager and toured the facility, including Memory Care,  
7 Assisted Living, common areas, kitchen, outdoor recreation areas, auditorium, beauty salon, The Nook  
8 (a small store) and dining areas. The facility recently completed renovations and remodeling to the  
9 entrance of the facility, as well as the activities room and the library.  
10  
11 Assisted Living currently has 39 residents. Memory Care currently has 11 residents. Ten (10) apartments  
12 in the Memory Care and Assisted Living were inspected and found to be clean, well-maintained and had  
13 the required furnishings, free of materials deemed hazardous to individuals with Dementia: medications  
14 and toiletries. Assisted Living apartments were clean, well-organized and set up for the particular needs  
15 and tastes of the individual. The Assisted Living Dining Room/Activities Rooms are on the first floor for  
16 easy access for the Assisted Living residents.  
17  
18 The upstairs dining room, was clean with tables set and ready for the upcoming dinner seating. The  
19 kitchen provides food for all areas of the facility (Independent, Assisted, Memory Care and Skilled). LPA  
20 found the kitchen to be clean and sanitary, with an ample supply of perishable and non-perishable  
21 foods, and stored appropriately. All kitchen equipment was clean and safely stored.  
22  
23  
24 Continued on 809-C.....  
25

NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota

NAME OF LICENSING PROGRAM ANALYST: Jill Nakagawa

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 01/12/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 01/12/2026

**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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
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**FACILITY NAME:** UNIVERSITY RETIREMENT COMMUNITY AT DAVIS

**FACILITY NUMBER:** 577001215

**VISIT DATE:** 01/12/2026

<b>NARRATIVE</b>	
1	Continued from 809.....
2	
3	Independent Living currently has 265 residents who live in the main building, apartments and cottages
4	on the premises.
5	
6	The Licensee has an approved Dementia Plan of Operation and an Infection Control Plan. Fire system
7	is checked monthly by staff and an inspection of the Automatic Fire Sprinkler System was checked by
8	an independent fire protection company 09/2025. Fire extinguishers were serviced on 02/27/2025 and
9	units inspected were fully charged. Assisted Living and Memory Care conducted a fire drill on 12/7/2025.
10	
11	Facility files are all kept electronically. HR and RCFE Office was able to provide the necessary
12	documents. LPA inspected 5 resident files and 5 staff files and found them to be complete, including
13	residents' Care Plans and Staff training records.
14	
15	LPA requested latest Certificate of Liability Insurance.
16	
17	LPA requested an updated LIC500 for Assisted Living and Memory Care.
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19	No deficiencies were found at the time of inspection.
20	No citations issued.
21	
22	Exit interview conducted with Maria Rodriguez-Meza..
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Kimberley Mota <b>NAME OF LICENSING PROGRAM ANALYST:</b> Jill Nakagawa <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 01/12/2026
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**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 01/12/2026
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