

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 577001215
Report Date: 07/30/2026
Date Signed: 08/05/2026 02:25:29 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: 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: Case Management - Other		CENSUS: 07/30/2026	
ANNOUNCED		DATE: 07/30/2026	
MET WITH: Shelley Kendrick		TIME VISIT/INSPECTION BEGAN: 09:00 AM	
		TIME VISIT/INSPECTION COMPLETED: 11:00 AM	
NARRATIVE			
1	On 07/31/2026, Program Analyst (PA) Lovina Aquino and Financial Analyst (FA) Ashmita Roshan arrived at the		
2	facility and met with Interim Executive Director (IED), Shelley Kendrick to complete the required triennial visit		
3	for University Retirement Community at Davis, a Continuing Care Retirement Community (CCRC).		
4			
5	Prior to the visit, the PA and FA reviewed documentation requested from and provided by the IED to ensure that		
6	the provider is operating the CCRC in compliance with the statutes and is performing the services specified in its		
7	continuing care contracts.		
8			
9	During today's visit, the PA, FA, and IED discussed the documentation received prior to the visit and toured the		
10	CCRC to ensure that all required postings and documents were accessible to residents and visitors. This includes		
11	the Certificate of Authority, which remains valid and is properly displayed at the front desk. CCCB staff also		
12	toured the community, the assisted living, independent living and memory care unit.		
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14	During the tour, CCCB staff observed that the community was not in compliance with the following Health and		
15	Safety Code (H&SC) sections:		
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18	• 1771.7 (f) - CCRC Resident Rights were not posted		
19	• 1771.8 (g) – Annual Report on file were outdated		
20	• 1771.7 (d) (2) Resident Satisfaction Survey was not available		
21			
22			
23			
24	As a result of the visit, technical violations related to the required postings and resident information requirements		
25	were issued. (Report continued on LIC 809 C)		

Jennifer Houston
Lovina Aquino

DATE: 08/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/03/2026

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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	SANTA ROSA RO, 1450 NEOTOMAS AVENUE,
	STE. 100
	SANTA ROSA, CA 95405

FACILITY NAME: UNIVERSITY RETIREMENT COMMUNITY
FACILITY NUMBER: 577001215
AT DAVIS
VISIT DATE: 07/30/2026

NARRATIVE	
1	Additionally, CCCB staff will follow up with a thank you letter and visit summary to the IED within seven days of
2	the visit.
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4	An exit interview was conducted with the IED. Due to connectivity issues, CCCB staff completed the LIC 809
5	upon return to HQ and emailed the IED for signature.
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NAME OF LICENSING PROGRAM MANAGER: Jennifer Houston	
NAME OF LICENSING PROGRAM ANALYST: Lovina Aquino	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/03/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/03/2026