

Department of  
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 075600352  
Report Date: 08/18/2026  
Date Signed: 08/18/2026 12:44:03 PM

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|                                                        |                                        |                                                                                                                                               |                  |
|--------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY |                                        | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>OAKLAND ASC, 1515 CLAY STREET, STE. 310<br>OAKLAND, CA 94612 |                  |
| FACILITY EVALUATION REPORT                             |                                        |                                                                                                                                               |                  |
| FACILITY NAME: ATRIA WALNUT CREEK                      |                                        | FACILITY NUMBER:                                                                                                                              | 075600352        |
| ADMINISTRATOR/ANTHONY JONES DIRECTOR:                  |                                        | FACILITY TYPE:                                                                                                                                | 740              |
| ADDRESS:                                               | 1400 MONTEGO WAY                       | TELEPHONE:                                                                                                                                    | (925) 938-6611   |
| CITY:                                                  | WALNUT CREEK                           | STATE: CA                                                                                                                                     | ZIP CODE: 94598  |
| CAPACITY: 200                                          |                                        | CENSUS: 155                                                                                                                                   | DATE: 08/18/2026 |
| TYPE OF VISIT:                                         | Case Management - Legal/Non-compliance | UNANNOUNCED TIME VISIT/ INSPECTION                                                                                                            | 10:15 AM         |
| MET WITH:                                              | Executive Director Kelli Greene        | BEGAN: TIME VISIT/ INSPECTION                                                                                                                 | 12:45 PM         |
|                                                        |                                        | COMPLETED:                                                                                                                                    |                  |

| NARRATIVE |                                                                                                              |
|-----------|--------------------------------------------------------------------------------------------------------------|
| 1         | On 08/18/2026 at 10:15 AM, Licensing Program Analyst (LPA) James Sampair arrived unannounced to              |
| 2         | conduct the quarterly inspection of the facility to ensure that the requirements of the 11/29/2023           |
| 3         | stipulation are being followed. Upon arrival, the LPA stated the purpose of the visit to Executive Director  |
| 4         | (ED) Kelli Greene. Licensing Program Manager (LPM) Lizette Chan arrived at 11:15 AM to accompany             |
| 5         | LPA.                                                                                                         |
| 6         |                                                                                                              |
| 7         | During this visit, the LPA and LPM observed: (1) stipulation posted in a conspicuous place, (2) kitchen      |
| 8         | and dining area signage posted that no food or beverage containers shall be used for any other purpose       |
| 9         | than food or beverage containment, and (3) Life Guidance was staffed within the required ratios from the     |
| 10        | stipulation: 6 direct caregivers completing only direct caregiving tasks for the 36 residents (within the    |
| 11        | required 1 staff to 8 resident ratio for day and afternoon/evening shifts) and 4 overnight staff for the 36  |
| 12        | residents completing only direct caregiving tasks (within the required 1 staff to 10 resident ratio).        |
| 13        |                                                                                                              |
| 14        | The Quality Evaluation Committee (QEC) completed the eleventh quarterly audit on 06/15/2026. The             |
| 15        | QEC sent a copy of the report to the Department on 07/10/2026. The LPA and LPM reviewed Stipulation          |
| 16        | Training and Stipulation Acknowledgement documents for April, May, and June 2026. The LPA and LPM            |
| 17        | verified that all staff were trained as required in the stipulation. The LPA and LPM verified that every new |
| 18        | resident and/or responsible party had acknowledged receipt of a copy of the stipulation. The LPA and         |
| 19        | LPM verified that a Hazardous Materials and Policies and Procedures Manual was available to all staff        |
| 20        | in the cabinet behind the front desk.                                                                        |
| 21        |                                                                                                              |
| 22        | No citations issued during visit.                                                                            |
| 23        |                                                                                                              |
| 24        |                                                                                                              |
| 25        | Exit interview conducted and a copy of this report provided.                                                 |

Lizette Francisco  
James Sampair

DATE: 08/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/18/2026

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.