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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 075600353
Report Date: 06/09/2026
Date Signed: 06/09/2026 02:08:46 PM

Document Has Been Signed on 06/09/2026 02:08 PM **- It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612

FACILITY NAME:	ATRIA VALLEY VIEW		FACILITY NUMBER:	075600353
ADMINISTRATOR/ DIRECTOR:	GREENE, KELLI		FACILITY TYPE:	740
ADDRESS:	1228 ROSSMOOR PARKWAY		TELEPHONE:	(925) 937-7300
CITY:	WALNUT CREEK	STATE: CA	ZIP CODE:	94595
CAPACITY: 153		CENSUS: 104	DATE:	06/09/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:45 AM
MET WITH:	Executive Director Kelli Greene		TIME VISIT/ INSPECTION COMPLETED:	02:15 PM

NARRATIVE

On 06/09/2026, at 09:45 AM, Licensing Program Analyst (LPA) James Sampair arrived unannounced to conduct this Required Annual inspection. Upon entry, the LPA stated the purpose of the visit to Maintenance Director (MD) Jason Fern. The Executive Director (ED) Kelli Greene arrived at approximately 09:15 AM

The LPA toured the exterior of the facility by himself, and the interior with the MD and the ED. The tour of the facility included, but was not limited to, two (2) residents' rooms, bathrooms, the central kitchen, and common areas. The LPA observed adequate lighting for the comfort and safety of residents throughout the community and in individual's rooms. The walkways in both the interior and exterior of the facility are free from obstructions. There are no bodies of water. The temperature of the refrigerators was below 40 degrees Fahrenheit and the freezers below 0 degrees Fahrenheit. At 12:10 PM, the front hallway temperature was measured at 72.1 degrees Fahrenheit. At 10:10 AM, the maximum hot water temperature was measured in the Bistro at 112.6 degrees Fahrenheit.

The residents' bathrooms are equipped with grab bars and slip-resistant mats. There is more than a 7-day supply minimum of nonperishable foods and a 2-day supply of perishable foods. The LPA observed the required postings in the facility. The smoke and carbon monoxide detectors were last tested on 01/08/2026 and found to be in full operating condition. The fire extinguishers were last serviced on 01/08/2026. The Emergency Disaster Plan was reviewed by the ED on 02/09/2026. Emergency and disaster drills are conducted monthly; the most recent was conducted on 05/27/2026. The first aid kit was observed to be complete and staff dispense medications directly from the original container to residents. The liability insurance expires on 06/01/2027.

Continued on LIC 809-C . . .

NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal
NAME OF LICENSING PROGRAM ANALYST: James Sampair

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/09/2026

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 **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612

FACILITY NAME: ATRIA VALLEY VIEW **FACILITY NUMBER:** 075600353
VISIT DATE: 06/09/2026

NARRATIVE

. . . Continued from LIC 809

The LPA reviewed 5 Resident, 5 Staff, and the Facility records.

No citations were issued for deficiencies during this inspection.

Exit interview conducted and a copy of this report provided.

NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal
NAME OF LICENSING PROGRAM ANALYST: James Sampair
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 06/09/2026

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