

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 075601363

Report Date: 01/29/2026

Date Signed: 01/29/2026 03:31:56 PM

Document Has Been Signed on 01/29/2026 03:31 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: MEMORY CARE OF CONTRA COSTA	FACILITY NUMBER: 075601363
ADMINISTRATOR/TRACEY INGLEMAN	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 540 PATTERSON BOULEVARD	TELEPHONE: (925) 287-8750
CITY: PLEASANT HILL	STATE: CA
CAPACITY: 75	ZIP CODE: 94523
TYPE OF VISIT: Required - 1 Year	CENSUS: 56
	DATE: 01/29/2026
	UNANNOUNCED TIME VISIT/INSPECTION: 12:30 PM
	BEGAN: TIME VISIT/INSPECTION: 04:00 PM
MET WITH: Tracey Ingleman, Executive Director	COMPLETED:

### NARRATIVE

1 On 01/29/2026 at 12:30 PM, Licensing Program Analyst (LPA) L. Alexander arrived  
2 unannounced to conduct 1-Year Annual Required inspection. LPA met with , Laura  
3 and explained the purpose of the visit. The facility's fire clearance was approved for  
4 capacity of 75 (seventy-five) residents. In which all may be non-ambulatory. Hospice  
5 waiver approved for 19 (nineteen) residents. Administrator Certificate #7008812740  
6 expires 07/07/2027.  
7  
8  
9 LPA toured the facility with Tracey including but not limited to four (4) residents'  
10 apartments, bathrooms, multiple activity rooms, kitchen, common area and  
11 courtyard. There are no bodies of water observed. LPA observe lighting in all rooms  
12 are adequate for the comfort and safety of the residents. Hallway temperature was  
13 maintained at 74 degrees F. LPA observed lighting in all rooms are adequate for the  
14 comfort and safety of the residents. The hot water temperature in a sample of  
15 residents' shared bathroom were measured at 114.2 and 116.5 degrees Fahrenheit.  
16 Residents' bathrooms are equipped with grab bars and non-skid mats. There is a  
17 minimum of one-week supply of nonperishable and 2-day of perishable foods.  
18 Centrally stored medications, sharps and toxic are locked and inaccessible to  
19 residents in care.  
20  
21  
22  
23  
24 LIC809-C Continued...  
25

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong  
NAME OF LICENSING PROGRAM ANALYST: Lori Alexander-Washington

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 01/29/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 01/29/2026

**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 E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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**FACILITY NAME:** MEMORY CARE OF CONTRA COSTA

**FACILITY NUMBER:** 075601363

**VISIT DATE:** 01/29/2026

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>LIC809-C (Page 2)</p> <p>LPA reviewed 6 (six) residents records. LPA reviewed 8 (eight) staff records and 8 of 8 have current first aid training and associated to the facility.</p> <p>Emergency Fire Drills were conducted 10/07/2025, 11/05/2025 and 12/04/2025 on all three (3) shifts. Elopement drills were conducted on 10/23/2025, 11/13/2025 and 12/19/2025. Food Service Report was reviewed dated 12/17/2025.</p> <p><b>Updated copies of the following documents were requested for facility file and are to be submitted to CCL by 02/05/2026:</b></p> <ul style="list-style-type: none"> <li>LIC 308 Designation of Administrative Responsibility</li> <li>LIC 309 Administrative Organization</li> <li>LIC 500 Personnel Report</li> <li>LIC 610E Emergency Disaster Plan - Reviewed</li> <li>Liability Insurance - Reviewed</li> </ul> <p>No deficiencies cited during visit. Exit interview conducted and a copy of this report provided.</p>

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Bennett Fong	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Lori Alexander-Washington	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 01/29/2026

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 01/29/2026