

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 075601424
Report Date: 10/07/2025
Date Signed: 10/07/2025 02:04:29 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	AEGIS ASSISTED LIVING OF MORAGA	FACILITY NUMBER:	075601424
ADMINISTRATOR/MARIA ANGELES STICKA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(925) 377-7900
ADDRESS:	950 COUNTRY CLUB DRIVE	ZIP CODE:	94556
CITY:	MORAGA	STATE: CA	
CAPACITY: 100		CENSUS: 87	
TYPE OF VISIT:	Case Management - Incident	DATE:	10/07/2025
		UNANNOUNCED TIME VISIT/INSPECTION	01:30 PM
		BEGAN:	
MET WITH:	Tianna Henderson, General Manager	TIME VISIT/INSPECTION	02:20 PM
		COMPLETED:	

NARRATIVE	
1	On 10/07/2025 at 1:30 PM, Licensing Program Analyst (LPA) L. Alexander arrived
2	unannounced to conduct a Case Management visit. LPA met with General Manager,
3	Tianna Henderson and explained the purpose of the visit.
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5	
6	While conducting complaint investigation #15-AS-20241022215724, LPA L.
7	Alexander observed during record review and interviews that an incident involving a
8	911 EMT response for Resident (R1) on 07/03/2023 was not reported to the
9	Community Care Licensing Division (CCLD) as required. Staff (S1) stated they were
10	unaware of the incident involving emergency medical services responding to R1. S1
11	confirmed that no LIC624 (Unusual Incident Report) was submitted to the
12	Department. Based on information obtained, the facility failed to report an incident
13	involving emergency medical response for a resident to the Department within the
14	required timeframe.
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18	The deficiencies were observed (see LIC809D) and cited from the California Code of
19	Regulation, Title 22. Failure to correct the deficiencies may result in civil penalties.
20	
21	An exit interview was conducted. A copy of this report and Appeal Rights (LIC9058)
22	were provided to General Manager, Tianna Henderson.
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong

NAME OF LICENSING PROGRAM ANALYST: Lori Alexander-Washington

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/07/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/07/2025

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.

LIC809 (FAS) - (09/23)

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Created By: Lori Alexander-Washington On 10/07/2025 at 01:27 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: AEGIS ASSISTED LIVING OF MORAGA

FACILITY NUMBER: 075601424

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/07/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 10/21/2025 Section Cited	1 87211(a)(1)(D) Reporting 2 Requirements (a) Each licensee shall 3 furnish to the licensing agency such 4 reports as the Department may 5 require, including, but not limited to, 6 the following: (1) A written report shall 7 be submitted to the licensing agency and to the person responsible for the resident within seven days of the occurrence of any of the events...(D) Any incident which threatens the welfare, safety or health of any resident... This requirement is not met as evidence by:		
	8 Based on record review and 9 interviews the licensee did not 10 comply with the section cited above 11 in by not submitting a written report 12 within 7 days of the occurrences of 13 any of the events for residents in 14 care. Specifically there were no incident report submitted on around 07/03/23 for when R1 had a EMT response which poses a potential health, safety or personal rights risk to persons in care.	8 Documentation of staff training sign-in 9 sheet will be submitted to CCLD by 10 due date. 11 12 13 14	
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Bennett Fong
NAME OF LICENSING PROGRAM ANALYST:	Lori Alexander-Washington
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 10/07/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 10/07/2025