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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079201273
Report Date: 07/16/2026
Date Signed: 07/16/2026 04:17:39 PM

Document Has Been Signed on 07/16/2026 04:17 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 E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612

FACILITY NAME:	HEATHERWOOD MEMORY CARE		FACILITY NUMBER:	079201273
ADMINISTRATOR/ DIRECTOR:	GONZALES, RITCHIE		FACILITY TYPE:	740
ADDRESS:	1315 MT PISGAH ROAD		TELEPHONE:	(925) 939-2833
CITY:	WALNUT CREEK	STATE: CA	ZIP CODE:	94596
CAPACITY: 32		CENSUS: 28	DATE:	07/16/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	12:15 PM
MET WITH:	Ritchie Gonzales, Licensee/Administrator		TIME VISIT/ INSPECTION COMPLETED:	04:45 PM

NARRATIVE

On 07/16/2026 at 12:15 PM, Licensing Program Analyst (LPA) L. Alexander arrived unannounced to conduct a 1-Year Annual Required Inspection. LPA met with Licensee/Administrator Ritchie Gonzales and explained the purpose of the visit. The facility's fire clearance is approved for thirty-two (32) non-ambulatory residents, of whom five (5) may be bedridden. Administrator Certificate #7013761740 expires on 07/18/2027.

LPA toured the facility with Mr. Gonzales, including, but not limited to, four (4) resident apartments, resident bathrooms, activity rooms, the kitchen, dining room, common areas, and the courtyard. No bodies of water were observed on the premises. LPA observed that lighting throughout the facility was adequate to ensure the comfort and safety of the residents. The hallway temperatures measured 73°F and 74°F, and the activity room temperature measured 76°F.

The hot water temperature was tested in a sample of shared resident bathrooms and measured 110.1°F, 109.5°F, and 108.1°F. Resident bathrooms were equipped with grab bars and non-skid mats. The facility maintained at least a seven-day supply of nonperishable food and a two-day supply of perishable food. Centrally stored medications, sharps, and toxic substances were secured in locked storage and were inaccessible to residents in care.

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

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/16/2026

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 E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612

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VISIT DATE: 07/16/2026

NARRATIVE

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LPA reviewed five (5) resident records and six (6) staff records. All six (6) of six (6) staff members reviewed had current First Aid training and were properly associated with the facility.

Smoke detectors and carbon monoxide detectors were tested and found to be in operating condition during the inspection. The fire extinguisher was last serviced on 07/02/2026. The Emergency Disaster Plan was last updated and posted on 07/16/2026. The first aid kit was complete. Documentation showed the last emergency disaster drill was conducted on 05/28/2026.

Updated copies of the following documents were requested for facility file and are to be submitted to CCL by 07/23/2026:

- Updated LIC 308 – Designation of Administrative Responsibility
- LIC 309 – Administrative Organization (Reviewed)
- Updated LIC 500 – Personnel Report
- Updated LIC 610E – Emergency Disaster Plan
- Liability Insurance (Reviewed)
- Current Administrator's Certificate (Reviewed)

No deficiencies were cited during today's inspection.

An exit interview was conducted, and a copy of this report was provided to the Licensee/Administrator.

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong
NAME OF LICENSING PROGRAM ANALYST: Lori Alexander-Washington
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 07/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/16/2026