

Department of

# SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 079201455

Report Date: 03/04/2026

Date Signed: 03/04/2026 10:36:56 AM

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

FACILITY NAME:	DISCOVERY COMMONS SAN RAMON	FACILITY NUMBER:	079201455
ADMINISTRATOR/DIRECTOR:	STROMGREN, KIEL	FACILITY TYPE:	740
ADDRESS:	12720 ALCOSTA BLVD	TELEPHONE:	(925) 725-1485
CITY:	SAN RAMON	STATE:	CA
CAPACITY:	95	ZIP CODE:	94583
TYPE OF VISIT:	Case Management - Incident	CENSUS:	79
		DATE:	03/04/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:00 AM
MET WITH:	Executive Director, Kiel Stromgren	TIME VISIT/INSPECTION COMPLETED:	11:00 AM

### NARRATIVE

1 On 03/4/2026 at 9:00AM Licensing Program Analyst (LPA) A Gomez conducted an unannounced Case  
2 Management visit regarding a self-reported incident. LPA met with Executive Director (ED), Kiel  
3 Stromgren, and explained the purpose of the visit.  
4  
5 A self-reported incident report was received on 2/26/2026 from facility that indicated Resident 1 (R1)  
6 eloped from the facility on 2/24/2026. R1 is a memory care resident.  
7  
8 During the visit, LPA interviewed ED. ED states that on the day R1 eloped from the facility the alarm  
9 went off in memory care that the door had been activated. Staff assumed that a resident (R2) with a  
10 history of triggering the door had activated the alarm and when they checked and saw R2 was present  
11 they reset the alarm and did not follow proper procedure. ED states that staff should have done a head  
12 count and room inspection to ensure all residents were accounted for. Because this did not happen staff  
13 did not realize that R1 had eloped until police notified the facility that they had found one of their  
14 residents. According to incident report the alarm went off at at approximately 10:45pm and police  
15 notified the facility of finding a resident at approximately 11:20pm. ED states that they provided  
16 additional training to staff and a disciplinary action to S1.  
17  
18 **The following deficiencies were observed (see LIC 809D) and cited from the California Code of  
19 Regulations, Title 22 and/or Health and Safety Code Failure to correct deficiencies by POC date  
20 may result in additional Civil Penalties.**  
21  
22  
23 Exit interview conducted. Appeal Rights and a copy of this report provided.  
24  
25

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Alona Gomez

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 03/04/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 03/04/2026

**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.

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**Created By: Alona Gomez On 03/04/2026 at 10:19 AM**  
**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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**FACILITY NAME:** DISCOVERY COMMONS SAN RAMON

**FACILITY NUMBER:** 079201455

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 03/04/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 03/04/2026 <b>Section Cited</b> CCR 87411(a)	1 (a) Facility personnel shall at all times 2 be sufficient in numbers, and 3 competent to provide the services 4 necessary to meet resident needs. In 5 facilities licensed for sixteen or more, 6 sufficient support staff shall be 7 employed to ensure provision of personal assistance and care as required in Section 87608, Postural Supports. Additional staff shall be employed as necessary to perform office work, cooking, house cleaning, laundering, and maintenance of buildings, equipment and grounds. The licensing agency may require any facility to provide additional staff whenever it determines through documentation that the needs of the particular residents, the extent of services provided, or the physical arrangements of the facility require such additional staff for the provision of adequate services.  This requirement was not met as evidence by:	1 2 3 4 5 6 7	Staff received an inservice training and S1 received a write up and additional coaching. POC clear
	8 Based on interview the facility did not 9 meet this requirement by S1 not 10 providing the service necessary to 11 insure R1's safety because they did not 12 follow procedure when the memory 13 care egress door alarmed which posed 14 an immediate safety risk to residents in care.	8 9 10 11 12 13 14	
		1 2 3 4 5	


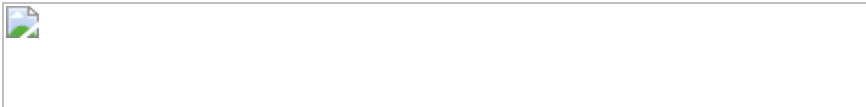
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Yvonne Flores-Larios
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Alona Gomez
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	 <b>DATE:</b> 03/04/2026
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	 <b>DATE:</b> 03/04/2026