

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079201455
Report Date: 04/29/2026
Date Signed: 04/29/2026 04:12:32 PM

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

FACILITY NAME: DISCOVERY COMMONS SAN RAMON		FACILITY NUMBER: 079201455	
ADMINISTRATOR/STROMGREN, KIEL		FACILITY TYPE: 740	
DIRECTOR:			
ADDRESS: 12720 ALCOSTA BLVD	STATE: CA	TELEPHONE: (925) 725-1485	
CITY: SAN RAMON	CENSUS: 74	ZIP CODE: 94583	
CAPACITY: 95	DATE: 04/29/2026		
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	09:30 AM
		BEGAN:	
MET WITH: Executive Director, Kiel Stromgren		TIME VISIT/INSPECTION	04:40 PM
		COMPLETED:	

NARRATIVE	
1	On 4/29/2026 at 9:30 AM, Licensing Program Analyst (LPA) A. Gomez arrived unannounced to conduct
2	1-Year Annual Required inspection. LPA met with Executive Director (ED), Kiel Stromgren and explained
3	the purpose of the visit. The facility's fire clearance was approved for 95 non ambulatory of which 15
4	may be bedridden.
5	
6	LPA toured the facility with ED including but not limited to 26 residents apartments, bathrooms, multiple
7	activity rooms, kitchen, common area and courtyard. There are no bodies of water observed. LPA
8	observe lighting in all rooms are adequate for the comfort and safety of the residents. Hallway
9	temperature was maintained at 73 degrees F. LPA observed lighting in all rooms are adequate for the
10	comfort and safety of the residents. The hot water temperature in a sample of residents' shared
11	bathroom were measured at 119.8, 119.5, 117.6 degrees Fahrenheit. Residents' bathrooms are
12	equipped with grab bars and non-skid mats. There is a minimum of one week supply of nonperishable
13	and 2-day of perishable foods. LPA observed sharps and toxics unlocked and accessible to residents
14	(sharps in assisted dining and memory care, chemicals and hot tools in memory care bedrooms).
15	
16	Fire extinguisher was last serviced on 12/4/2025. Emergency Disaster Plan was last reviewed on
17	4/29/2026. First aid kit was observed to be complete. Emergency disaster drill was last conducted on
18	4/24/2026.
19	
20	At 1:20pm, LPA reviewed 7 residents records. At 3:15pm, LPA reviewed 6 staff records and 5 of 6 have
21	current first aid training and 6 of 6 are associated to the facility. LPA reviewed a sample of resident's
22	medications.
23	
24	Updated copies of the following documents were requested for facility file and are to be submitted to
25	CCL by 5/5/2026:
	LIC 308 Designation of Administrative Responsibility
	LIC 309 Administrative Organization

LIC 500 Personnel Report
LIC 610E Emergency Disaster Plan
Liability Insurance
Current Administrator's Certificate

The following deficiencies were observed (see LIC 809D) and cited from the California Code of Regulations, Title 22 and/or Health and Safety Code Failure to correct deficiencies by POC date may result in additional Civil Penalties.

Exit interview conducted. Appeal Rights and a copy of this report provided.

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Alona Gomez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/29/2026

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.

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Created By: Alona Gomez On 04/29/2026 at 03:52 PM
Link to Parent Document Below:

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

FACILITY NAME: DISCOVERY COMMONS SAN RAMON

FACILITY NUMBER: 079201455

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/29/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87309(a)	
Storage Space and Access					
(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation, the licensee did not comply with the section cited above in having unlocked sharps in assisted dining and memory care, and chemicals and hot tools in memory care bedrooms which posed an immediate safety risk to persons in care.				
2					
3					
4					
	POC Due Date: 04/30/2026				
	Plan of Correction				
1	By POC facility agrees to go through the facility, identify all hazards, secure them and notify CCLD of the findings and actions taken.				
2					
3					
4					
		Section Cited			
	Deficient Practice Statement				
1					
2					
3					
4					

	POC Due Date:
	Plan of Correction
1	
2	
3	
4	

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:	Yvonne Flores-Larios
NAME OF LICENSING PROGRAM ANALYST:	Alona Gomez
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 04/29/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
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