

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107208850
Report Date: 07/27/2026
Date Signed: 07/27/2026 04:36:14 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710	
FACILITY EVALUATION REPORT			
FACILITY NAME: LOVING HANDS CARE HOME		FACILITY NUMBER:	107208850
ADMINISTRATOR/PARANGALAN, MARIETTA DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	6229 W. SAN CARLOS AVE	TELEPHONE:	(559) 492-2035
CITY:	FRESNO	STATE: CA	ZIP CODE: 93723
CAPACITY: 6		CENSUS: 2	DATE: 07/27/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION
			08:48 AM
MET WITH: Marietta Parangalan, Administrator		BEGAN:	
		TIME VISIT/INSPECTION	04:30 PM
		COMPLETED:	

NARRATIVE	
1	On 07/27/2026, Licensing Program Analyst LPA K. Kaur arrived at the facility unannounced to conduct
2	the required annual inspection. LPA was allowed entry by resident (R1). LPA introduced self to
3	administrator/ Licensee stated the purpose of the visit.
4	
5	LPA toured the facility inside and out. LPA observed 2 residents in care at the time of visit. Facility is a 4-
6	bedroom 2-bathroom house. Resident bedrooms were observed to have the required lighting/furnishings
7	and are free from odor and passageway obstruction/fire hazards. LPA observed two resident window
8	screens to be torn/ bent. Bathrooms were observed to have operational lights, running water, and non-
9	slip mats and bars. Hot water temperature tested at 112 degrees F. LPA observed unlocked chemicals in
10	the laundry room, garage and backyard. LPA toured the kitchen and observed a lock on the fridge and
11	freezer. LPA observed the required 7-day supply of non-perishable food and 2- day supply of fresh
12	perishables to be properly stored. Outside was toured, seating available under a covered patio.
13	Backyard gate opens and is self latching.
14	
15	Required postings were observed. Carbon monoxide and smoke alarm detectors were observed to be
16	operational. Fire Extinguisher was observed with a service date of 07/2/2026. First aid kit was observed
17	to contain all required items. LPA reviewed resident and staff files. Appraisal Needs and Service Plan
18	and Functional Capabilities forms are missing. Last Fire drill was conducted in 2025. LPA conducted
19	medication review and observed 3 medication pills to be loose in residents (R1) Medication Bubble Pack
20	container.
21	
22	Deficiencies are being cited on the attached 809D in accordance with California Code of Regulations,
23	Title 22, Division 6.
24	
25	Continued to 809-C

Alexandria Walton
Kamaldeep Kaur

DATE: 07/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/27/2026

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.

Created By: Kamaldeep Kaur On 07/27/2026 at 02:35 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: LOVING HANDS CARE HOME

FACILITY NUMBER: 107208850

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/27/2026

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 10 of 10 areas observed with unlocked chemicals/ knives & sharps which poses an immediate health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 07/28/2026				
	Plan of Correction				
1	Licensee/ Administrator agrees to lock all chemicals/ sharps and submit pictures by due date.				
2					
3					
4					
	Type A	Section Cited	CCR	87465(a)(4)	

Incidental Medical and Dental Care Services					
(4) The licensee shall assist residents with self-administered medications as needed.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation, interview, and record review, the licensee did not comply with the section cited above in 3 out of 3 medication pills observed open in residents bubble pack container which poses an immediate health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 07/28/2026				
	Plan of Correction				
1	Licensee/ Administrator agrees to complete medication training and submit records by due date.				
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	Alexandria Walton
MANAGER:	
NAME OF LICENSING PROGRAM	Kamaldeep Kaur
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/27/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/27/2026

Created By: Kamaldeep Kaur On 07/27/2026 at 02:35 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	, 1314 E SHAW AVE
	FRESNO, CA 93710

FACILITY NAME: LOVING HANDS CARE HOME

FACILITY NUMBER: 107208850

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/27/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87303(c)	
Maintenance and Operation					
(c) All window screens shall be clean and maintained in good repair.					
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 2 out of 2 residents				
2	window screen observed bent and torn which poses/posed a potential health, safety or personal rights				
3	risk to persons in care.				
4					
	POC Due Date: 08/03/2026				
	Plan of Correction				
1	Licensee/ Administrator agrees to repair/ replace window screen and submit copy of invoice/ receipt				
2	and/or pictures by due date.				
3					
4					
	Type B	Section Cited	CCR	87506(b)(17)(B)	

Resident Records					
(b) Each resident's record shall contain at least the following information: (17) Documents and information required by the following: (B) Section 87459, Functional Capabilities;					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation, interview, and record review, the licensee did not comply with the section cited				
2	above in 2 out of 2 residents missing Functional Capabilities which poses/posed a potential health,				
3	safety or personal rights risk to persons in care.				
4					
	POC Due Date: 09/03/2026				
	Plan of Correction				

1	Licensee/ Administrator agrees to complete Functional Capabilities form and submit copies by due date.
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:	Alexandria Walton
NAME OF LICENSING PROGRAM ANALYST:	Kamaldeep Kaur
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/27/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/27/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)				
	Type B	Section Cited	HSC	1569.695(c)
Other Provisions				
(c) A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.				
This requirement is not met as evidenced by:				
	Deficient Practice Statement			
1	Based on observation, interview, and record review, the licensee did not comply with the section cited above in 1 out of 1, per Administrator last fire drill conducted was in 2025 which poses/posed a potential health, safety or personal rights risk to persons in care.			
2				
3				
4				
	POC Due Date: 09/03/2026			
	Plan of Correction			
1	Licensee/ Administrator agrees to conduct a fire drill by due date and submit documentation to CCLD			
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:	Alexandria Walton
NAME OF LICENSING PROGRAM ANALYST:	Kamaldeep Kaur
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/27/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/27/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87468.1(a)(2)	
87468.1(a)(2) Personal Rights of Residents in All Facilities (a)Residents in all residential care facilities for the elderly shall have all of the following personal rights: (a) Residents in all residential care facilities for the elderly shall have all of the following personal rights:					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation, and interview, the licensee did not comply with the section cited above in 1 out of				
2	1, LPA observed freezer to locked and per Licensee/ Administrator "lock was placed to prevent resident				
3	(R1) from getting into fridge at night" which poses an immediate health, safety or personal rights risk to				
4	persons in care.				
	POC Due Date: 07/28/2026				
	Plan of Correction				
1	Licensee/ Administrator agrees to remove locks from both Refrigerator/ Freezers and review Personal				
2	Rights regulations and submit pictures/ statement by due date.				
3					
4					
	Type A	Section Cited	CCR	80068.2(a)	

80068.2 Needs and Services Plan (a)The licensee shall complete a Needs and Services Plan for each client as required in Sections 81068.2, 82068.2, 82568.2, 84068.2, or 85068.2.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1 2 3 4	Based on observation, interview, and record review, the licensee did not comply with the section cited above in 2 out of 2 residents did not have APPRAISAL/NEEDS AND SERVICES PLAN which poses an immediate health, safety or personal rights risk to persons in care.
POC Due Date: 07/28/2026	
Plan of Correction	
1 2 3 4	Administrator / Licensee agrees to complete a Needs and service plan and submit copies by due date

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:	Alexandria Walton
NAME OF LICENSING PROGRAM ANALYST:	Kamaldeep Kaur
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/27/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: LOVING HANDS CARE HOME **FACILITY NUMBER:** 107208850
VISIT DATE: 07/27/2026

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	LPA requested the following documents be submitted to the Fresno CCL office by 07/11/2025: Current copy of Administrator Certificate, Designation of Facility Responsibility (LIC308), Administrator Organization (LIC 309), Affidavit regarding Client/Resident Cash Resources (LIC 400), Liability Insurance Emergency and Disaster Plan (LIC 610E) Personnel Report (LIC500), Register of Facility Clients/Residents (LIC9020A), and Surety Bond. An exit interview was conducted with Administrator. Report signed on-site by Administrator. A copy of this report, 809D with appeal rights was provided to Administrator, whose signature on this form confirms receipt of this document.

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NAME OF LICENSING PROGRAM MANAGER: Alexandria Walton

NAME OF LICENSING PROGRAM ANALYST: Kamaldeep Kaur

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/27/2026