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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107209444
Report Date: 07/07/2026
Date Signed: 07/07/2026 06:12:30 PM

Document Has Been Signed on 07/07/2026 06:12 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 FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710

FACILITY NAME:	HELPING HANDS SENIOR CARE		FACILITY NUMBER:	107209444
ADMINISTRATOR/ DIRECTOR:	NGUYEN, ELSA		FACILITY TYPE:	740
ADDRESS:	825 S WILLOW AVENUE		TELEPHONE:	(650) 776-2280
CITY:	FRESNO	STATE: CA	ZIP CODE:	93727
CAPACITY: 30		CENSUS: 9	DATE:	07/07/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	08:47 AM
MET WITH:	Phylicia Smith		TIME VISIT/ INSPECTION COMPLETED:	06:20 PM

NARRATIVE

Licensing Program Analyst (LPA) Katie Brown arrived unannounced to conduct the Annual Inspection. LPA met with and explained the reason for the visit with Administrator (AD) Phylicia Smith. The Administrator change packet has not been submitted to CCL at this time. This was discussed during the visit today.

This facility consists of 6 individual homes which are referred to as Villages. LPA toured each village with AD today and the following was observed in each village: required postings were hung at the entry way, common areas were clean, in good repair and contained required furnishings and lighting. LPA observed required items in bathrooms which were clean with hot water measuring as required. LPA observed hygiene items, paper products, towels, extra bedding, and linens available for use. The kitchens were clean and contained cooking items and appliances functioning as required. Each village had a fire extinguisher which was serviced by Valley Fire 3/23/26. First Aid kits were available for use, containing required items. Door and walkways were unobstructed throughout each village, including entrances and exits. There are shaded seated areas and designated smoking areas available for residents.

The facility is surrounded by an iron security gate. The gate itself has 3 pedestrian gates that are unlocked from the “facility side” allowing individuals to exit the property at any time. These gates are locked from the “street side”.

See 809C for continuation

NAME OF LICENSING PROGRAM MANAGER: Shawna Doucette

NAME OF LICENSING PROGRAM ANALYST: Katie Brown
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/07/2026

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.

FACILITY NAME: HELPING HANDS SENIOR CARE **FACILITY NUMBER:** 107209444

VISIT DATE: 07/07/2026

NARRATIVE

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-Buildings 835 and 825 are currently vacant. Building 881 is the Office.

-Building 853 - Green house is licensed for non-ambulatory - 2 male residents live here. The medication Cart is stored in this village.

Building 841 - Yellow house is approved for non-ambulatory - 2 male residents live here, R1 and R2. While touring this village, LPA observed a clear container stored in a kitchen cabinet which stored kitchen knives used for cooking which was unlocked. The magnetic lock/latch was in the “unlocked” position. R1 has a diagnosis of Dementia.

Building 877 - Orange house is approved for non-ambulatory - 3 female residents live here, R3, R4, R5. During review of resident records, it was discovered that there was not staff training of the hospice care plan for R4 or R1. During the visit, AD called to schedule this training to be completed by Hospice Nurses.

Building 865 - Pink house is approved for ambulatory - 1 male resident lives here now, R6. Outside the back of this village is a small shed which LPA observed inside. The shed stored furniture and facility supplies. Inside, LPA observed an unmarked plastic container with a lid containing laundry detergent powder which was stored on top of the dryer in the laundry closet. The detergent was not secured/stored as required.

During this visit, LPA conducted resident and staff file reviews. S1 has not started Initial Training - start date 12/2/2025. S2 Training log needs to be updated. Emergency Disaster & Infection Control Plans were also reviewed. It was discovered that Fire and Emergency Drills are not up to date. The last drills were conducted 9/10/2025.

See LIC809-C for continuation

NAME OF LICENSING PROGRAM MANAGER: Shawna Doucette
NAME OF LICENSING PROGRAM ANALYST: Katie Brown
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 07/07/2026

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NARRATIVE

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During this visit, AD and LPA discussed the Change of Ownership application which is in process currently with CAB. AD understands that this facility remains Licensed with CCL as Helping Hands Senior Care until licensed otherwise. The facility Plan of Operation was not available at the facility for LPA to review today. LPA was able to review a current Admission Agreement for Helping Hands Senior Care.

Due to time constraints, LPA was not able to complete the inspection today. LPA will return on a later day to complete this Annual Inspection with AD. An exit interview and review of this report was conducted, the report was signed and a copy provided to AD.

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