

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107209543
Report Date: 06/10/2026
Date Signed: 06/16/2026 10:31:03 AM

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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: ELIM PLACE		FACILITY NUMBER:	107209543
ADMINISTRATOR/CEBALLOS, MARIA DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	1808 5TH STREET	TELEPHONE:	(650) 776-2280
CITY:	SANGER	STATE: CA	ZIP CODE: 93657
CAPACITY: 44		CENSUS: 34	DATE: 06/10/2026
TYPE OF VISIT:	Case Management - Annual Continuation	UNANNOUNCED TIME VISIT/ INSPECTION	08:52 AM
MET WITH:	Administrator Maria Ceballos, and Administrator Assistant Christina Gomez	BEGAN: TIME VISIT/ INSPECTION	03:45 PM
		COMPLETED:	

NARRATIVE	
1	On 6/10/2026 Licensing Program Analyst (LPA) K.Kaur arrived unannounced for an annual inspection
2	continuation visit. LPA introduced self, explained reason for visit and was permitted entry into the facility
3	by staff.
4	
5	LPA continued the annual with Administrator Maria Ceballos and Administrator Assistant Christina
6	Gomez. LPA reviewed staff files, Staff training requirements and continued the medication audit from
7	06/08/2026. During inspection Ombudsman arrived regarding a SOC 341 follow-up. LPA reviewed SOC
8	341 and residents discharge papers and medication follow up requirements.
9	
10	Deficiencies are being cited on the attached 809D in accordance with California Code of Regulations,
11	Title 22,Division 6.
12	
13	Exit interview conducted and a plan of correction was reviewed and developed with Administrator. A
14	\$250 civil penalty is being assessed for repeat violation. A copy of this report and appeal rights were
15	discussed and provided to Administrator, whose signature on this form confirms receipt of this
16	document.
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NAME OF LICENSING PROGRAM MANAGER: Alexandria Walton
NAME OF LICENSING PROGRAM ANALYST: Kamaldeep Kaur

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/10/2026

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: Kamaldeep Kaur On 06/10/2026 at 02:33 PM
Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ELIM PLACE

FACILITY NUMBER: 107209543

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/10/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87465(a)(4)	
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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 2 out of 4 residents medication count was incorrect which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 06/11/2026
	Plan of Correction
1	Administrator agrees to submit statement of intent by due date and to provide in- service training to staff and conduct a Medication audit of all medication and submit training records and audit results when completed to CCLD
2	
3	
4	

		Section Cited			
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	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: 06/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/10/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	HSC	1569.625(b)(1)	
Other Provisions					
(1) The department shall adopt regulations to require staff members of residential care facilities for the elderly who assist residents with personal activities of daily living to receive appropriate training. This training shall consist of 40 hours of training. A staff member shall complete 20 hours, including six hours specific to dementia care, as required by subdivision (a) of Section 1569.626 and four hours specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696, before working independently with residents. The remaining 20 hours shall include six hours specific to dementia care and shall be completed within the first four weeks of employment. The training coursework may utilize various methods of instruction, including, but not limited to, lectures, instructional videos, and interactive online courses. The additional 16 hours shall be hands-on training. This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation and record review, the licensee did not comply with the section cited above in 2 out of 4 staff were without the required training which poses/posed a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 06/19/2026				
	Plan of Correction				
1	Administrator agrees to submit Initial and annual training records of all staff to CCLD 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: 06/10/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87465(c)(3)	
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Incidental Medical and Dental Care Services

(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met: (3) A record of each dose is maintained in the resident's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the resident's response.

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 2 out of 4 residents response was not documented which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 06/19/2026
	Plan of Correction
1	Administrator agrees to provide staff in- service training regrading PRN Medication documentation and follow up with EMAR system to allow entry of required documentation and submit records to CCLD by due date.
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3	
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		Section Cited			
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	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 Kamaldeep Kaur
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NAME OF LICENSING PROGRAM

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/10/2026