

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107209543
Report Date: 02/12/2026
Date Signed: 02/12/2026 02:22:20 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SIERRA CASCADE AC/SC, 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT	

FACILITY NAME:	ELIM PLACE	FACILITY NUMBER:	107209543
ADMINISTRATOR/DIRECTOR:	CEBALLOS, MARIA	FACILITY TYPE:	740
ADDRESS:	1808 5TH STREET	TELEPHONE:	(650) 776-2280
CITY:	SANGER	STATE:	CA
CAPACITY:	44	ZIP CODE:	93657
TYPE OF VISIT:	Case Management - Deficiencies	CENSUS:	31
		DATE:	02/12/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	11:17 AM
MET WITH:	Administrator Maria Ceballos	TIME VISIT/INSPECTION COMPLETED:	01:30 PM

NARRATIVE

1 Licensing Program Analyst LPA K.Kaur conducted Case Management visit and was allowed entry by
2 staff. LPA met with Administrator/ Executive Director Maria Ceballos. LPA discussed the purpose of the
3 visit.
4
5 Case Management Visit is regarding an incident report received in the Regional Office on 02/06/2026.
6 The incident occurred on 01/31/26, during which R1 was given a double dosage of the same
7 medication.
8
9 Deficiency is being cited on the attached 809D in accordance with California Code of Regulations, Title
10 22,
11 Division 6.
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13 An exit interview was conducted with Administrator including discussing the plan of corrections. Report
14 signed on-site. A copy of this report and appeal rights were provided to Administrator, whose signature
15 on this form confirms receipt of this document.
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NAME OF LICENSING PROGRAM MANAGER: See Moua
NAME OF LICENSING PROGRAM ANALYST: Kamaldeep Kaur

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 02/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/12/2026

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 III, 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 02/12/2026 at 11:32 AM
Link to Parent Document Below:

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1314 E SHAW AVE FRESNO, CA 93710</p>
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FACILITY NAME: ELIM PLACE

FACILITY NUMBER: 107209543

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/12/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
<p>Type A 02/13/2026 Section Cited CCR 87465(a)(4)</p>	<p>1 87465(a)(4) (a) A plan for incidental 2 medical and dental care shall be 3 developed by each facility. The plan 4 shall encourage routine medical and 5 dental care and provide for assistance 6 in obtaining such care, by compliance 7 with the following:(4) The licensee shall assist residents with self-administered medications as needed.</p> <p>This requirement was not met as evidenced by:</p>	<p>1 2 3 4 5 6 7</p>	<p>Administrator conducted medication training on 2/9/26 and provided documentation during visit.</p>
	<p>8 Based on records reviewed and 9 interviews conducted, R1 was given 10 multiple doses of the same medication, 11 which poses an immediate Health & 12 Safety risk to the residents. 13 14</p>	<p>8 9 10 11 12 13 14</p>	
		<p>1 2 3 4 5 6 7</p>	
		<p>1 2 3 4 5 6 7</p>	

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	See Moua
MANAGER:	Kamaldeep Kaur

NAME OF LICENSING PROGRAM

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:

A rectangular box for the analyst's signature, containing a small icon of a document with a checkmark in the top-left corner.

DATE: 02/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

A rectangular box for the facility representative's signature, containing a small icon of a document with a checkmark in the top-left corner.

DATE: 02/12/2026