

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 011440129

Report Date: 02/24/2026

Date Signed: 02/24/2026 05:13:57 PM

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

FACILITY NAME:	MASONIC HOME FOR ADULTS	FACILITY NUMBER:	011440129
ADMINISTRATOR/SOLEDAD MARTINEZ DIRECTOR:		FACILITY TYPE:	741
ADDRESS:	34400 MISSION BLVD.	TELEPHONE:	(510) 471-3434
CITY:	UNION CITY	STATE: CA	ZIP CODE: 94587
CAPACITY:	242	CENSUS: 190	DATE: 02/24/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	10:00 AM
MET WITH:	Gladys Nulph, Back up Administrator	BEGAN: TIME VISIT/INSPECTION	05:25 PM
		COMPLETED:	

NARRATIVE

1 At around 10:00AM, Licensing Program Analysts (LPAs) K. Nguyen and L.
2 Alexander arrived unannounced to conduct an annual required inspection and met
3 with Back up administrator Gladys Nulph hold an administrative certificate:
4 7017770740 effectives 9/27/25 to 9/26/27. Executive Director, Soledad Martinez was
5 not available at the time of visit. This facility is a Continuing Care Retirement
6 Community (CCRC). The facility provides independent, assisted living and memory
7 care.
8
9
10 LPAs with Gladys inspected the following: total of 5 rooms in independent living,
11 assisted living and memory care, kitchen, dining area, activity room and other
12 common areas. All showers/bathrooms were observed with bars and non-skid floors.
13 Multiple fire extinguishers were observed in different locations that appear full and
14 were inspected on 01/05/26. LPAs observed sufficient supply of perishable and non-
15 perishable foods. Hot water temperature measured at 106.8 degrees Fahrenheit in
16 different rooms checked. Memory Care unit has a delayed egress system that was
17 observed functional. Maintenance log for facility generator indicates last weekly
18 inspection was conducted on 12/23/2025 and last monthly test was done on
19 12/30/2025. Facility has a current disaster plan and supplemental emergency
20 disaster plan dated 11/13/2025. First aid kit was observed complete. Last disaster
21 drill was conducted on 1/23/2026 (lasted 5 days). Liability insurance effective date
22 from 4/1/2025 to 4/1/2026.
23
24
25

Reports continued on LIC 809c...

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong

NAME OF LICENSING PROGRAM ANALYST: Kelly Nguyen

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/24/2026

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.

LIC809 (FAS) - (09/23)

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Created By: Kelly Nguyen On 02/24/2026 at 04:03 PM
Link to Parent Document Below:

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

FACILITY NUMBER: 011440129

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/24/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87309(a)	
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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, interview, and record during touring of the facility LPA observed assisted living R1's have unlocked chemical inside R1's bathroom cabinet including but not limited 70% Isopropyl Alcohol the licensee did not comply with the section cited above in which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 03/03/2026
	Plan of Correction
1	Administrator will check all residents' rooms and lock up all chemicals that are not being approved by the physician to have it kept in resident room. Also, Administrator will conduct an Inservice training of the cited regulation and submit proof via pictures and attendance log to CCLD by POC date.
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	Type A	Section Cited	CCR	87465(h)(2)	
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Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

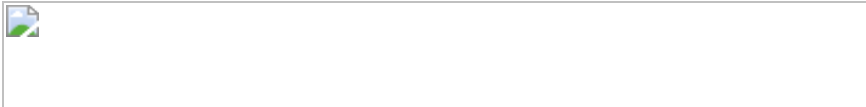
This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, during touring of the facility LPA observed assisted living R1's have unlocked medication inside R1's bathroom cabinet including but not limited to Calcium Antacid, Selenium and Tylenol. the licensee did not comply with the section cited above in which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 03/03/2026
	Plan of Correction
1	Administrator will check all residents' rooms and lock up all medication that are not being approved by the physician to have it kept in resident room. Also, Administrator will conduct an Inservice training of the
2	

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:	Bennett Fong
NAME OF LICENSING PROGRAM ANALYST:	Kelly Nguyen
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/24/2026

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FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 02/24/2026

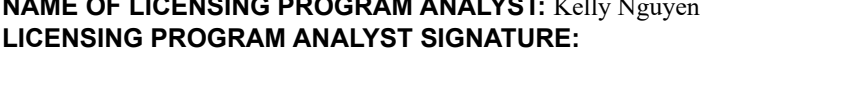
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	CCLD Regional Office, 1515 CLAY STREET, STE. 310
	OAKLAND, CA 94612

FACILITY NAME: MASONIC HOME FOR ADULTS

FACILITY NUMBER: 011440129

VISIT DATE: 02/24/2026

NARRATIVE	
1	LPA's inspected the Wollenberg Building which has 30 Memory Care residents, and
2	Pavillion Building which consist of all AL residents. LPA's reviewed 12 staff and 14
3	resident files 12 out of 12 staff have health clearance on files.
4	
5	<u>THE FOLLOWING DEFICIENCIES WERE OBSERVED DURING VISIT:</u>
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8	• At 1:36 PM during touring of the facility LPA observed assisted living R1's have
9	unlocked medication inside R1's bathroom cabinet including but not limited to
10	Calcium Antacid, Selenium and Tylenol.
11	
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14	• At 1:37PM during touring of the facility LPA observed assisted living R1's have
15	unlocked chemical inside R1's bathroom cabinet including but not limited 70%
16	Isopropyl Alcohol.
17	
18	
19	The following deficiencies were observed (see LIC 809D) and cited from the
20	California Code of Regulations, Title 22 and/or Health and Safety Code Failure
21	to correct deficiencies by POC date may result in additional Civil Penalties.
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23	Exit interview conducted. Appeal Rights and a copy of this report provided.
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NAME OF LICENSING PROGRAM ANALYST: Kelly Nguyen	
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