

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 150400536

Report Date: 01/28/2026

Date Signed: 01/28/2026 02:07:22 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:	ROSEWOOD RETIREMENT COMMUNITY	FACILITY NUMBER:	150400536
ADMINISTRATOR/BALABAN, ROCHELLE DIRECTOR:		FACILITY TYPE:	741
ADDRESS:	1301 NEW STINE ROAD	TELEPHONE:	(661) 834-0620
CITY:	BAKERSFIELD	STATE: CA	ZIP CODE: 93309
CAPACITY: 220	CENSUS: 154	DATE:	01/28/2026
TYPE OF VISIT:	Case Management - Deficiencies	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 01:15 PM
MET WITH:	Administrator Rochelle Balaban	TIME VISIT/INSPECTION	COMPLETED: 02:45 PM

NARRATIVE

1 Licensing Program Analyst (LPA) J. Duarte arrived at the facility unannounced to conduct a complaint
2 investigation. During the course of the investigation, LPA observed a deficiency. LPA conducted a Case
3 Management to address the deficiency. LPA met with Administrator Rochelle Balaban.
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5 During the course of the investigation of complaint 24-AS-20260127111350, LPA interviewed staff and
6 reviewed documentation. Documentation and interviews revealed following incidents were not reported
7 to CCLD: On 11/07/2025, a resident was trapped in an elevator due to a power outage, on 11/11/25, the
8 elevator was stuck between the third and fourth floor, and on 11/25/25, three residents were stuck in the
9 elevator. Administrator stated that these incidents were not reported to CCLD due to no injury or need
10 for further evaluation or medical care.
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12 A deficiency is being cited, please see attached LIC 809D.
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14 A copy of this report and appeal rights was provided to Administrator.
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NAME OF LICENSING PROGRAM MANAGER: Serigy Pidgirny
NAME OF LICENSING PROGRAM ANALYST: Jimmy Duarte

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/28/2026

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: Jimmy Duarte On 01/28/2026 at 01:15 PM
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: ROSEWOOD RETIREMENT COMMUNITY

FACILITY NUMBER: 150400536

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/28/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Type B 02/04/2026 Section Cited CCR 87211(a)(1)(D)</p>	<p>1 87211 Reporting Requirements 2 (a) Each licensee shall furnish to the 3 licensing agency such reports as the 4 Department may require, including, but 5 not limited to, the following: 6 7</p>	<p>1 Licensee agrees to review regulation 2 87211 Reporting Requirements to 3 ensure compliance and submit incident 4 reports. Licensee agrees to review the 5 regulation with the team and provide 6 documentation of topic discussed and 7 participants in training to CCLD by POC due date of 02/4/26</p>
	<p>8 (1) A written report shall be submitted to 9 the licensing agency and to the person 10 responsible for the resident within 11 seven days of the occurrence of any of 12 the events specified in (A) through (D) 13 below. This report shall include the 14 resident's name, age, sex and date of admission; date and nature of event; attending physician's name, findings, and treatment, if any; and disposition of the case. (D) Any incident which threatens the welfare, safety or health of any resident, such as psychological abuse of a resident by staff or other residents, or unexplained absence of any resident.</p>	
	<p>Based on record review, the licensee did not comply with the section cited above which poses/posed a potential health, safety or personal rights risk to persons in care. Documentation and interviews revealed following incidents were not reported to CCLD: On 11/07/2025, resident trapped; elevators down due to outage, on 11/11/25, the elevator was stuck between the third and fourth floor, and on 11/25/25, three residents were stuck in the elevator.</p>	
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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:	Serigy Pidgirny
NAME OF LICENSING PROGRAM ANALYST:	Jimmy Duarte
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 01/28/2026