

Department of  
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 150400536  
Report Date: 04/03/2026  
Date Signed: 04/03/2026 06:47:47 PM

Document Has Been Signed on 04/03/2026 06:47 PM - It Cannot Be Edited

|                                                        |                                |                                                                                                                                 |                  |
|--------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY |                                | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>FRESNO RO, 1314 E SHAW AVE<br>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: 153                                                                                                                     | DATE: 04/03/2026 |
| TYPE OF VISIT:                                         | Required - 1 Year              | UNANNOUNCED TIME VISIT/ INSPECTION                                                                                              | 12:45 PM         |
| MET WITH:                                              | Administrator Rochelle Balaban | BEGAN: TIME VISIT/ INSPECTION                                                                                                   | 07:15 PM         |
|                                                        |                                | COMPLETED:                                                                                                                      |                  |

| NARRATIVE |                                                                                                          |
|-----------|----------------------------------------------------------------------------------------------------------|
| 1         | Licensing Program Analysts (LPAs) J. Duarte and M. Vega, arrived unannounced to conduct the Annual       |
| 2         | Inspection. LPAs met with and explained the reason for the visit with Administrator (AD) Rochelle        |
| 3         | Balaban.                                                                                                 |
| 4         |                                                                                                          |
| 5         | During this visit, LPAs toured the facility inside & out. Resident rooms and common areas were clean, in |
| 6         | good repair and contained required equipment, furnishings and lighting. LPAs observed required items     |
| 7         | in bathrooms (including shower mats & grab bars) which were clean. The hot water measured between        |
| 8         | 105 and 114 degrees F.                                                                                   |
| 9         |                                                                                                          |
| 10        | The kitchen was observed to be clean, in good repair, with necessary items and appliances. LPAs          |
| 11        | observed a two-day supply of perishable and a seven-day supply of nonperishable food, emergency          |
| 12        | food, water, and paper products. Refrigerator, freezers, prep stations and appliances were clean and     |
| 13        | organized with food properly stored and labeled.                                                         |
| 14        |                                                                                                          |
| 15        | Medications are centrally stored in locked medication carts on each floor. Doors and passageways are     |
| 16        | unobstructed throughout the facility including outdoors.                                                 |
| 17        |                                                                                                          |
| 18        | LPAs toured the outdoors to find the grounds well-kept with clear walkways, and seating available. The   |
| 19        | in ground pool was gated and locked as required. Fire extinguishers were serviced on 11/05/2025.         |
| 20        | Bakersfield Fire Department conducted fire safety, sprinkler system on 03/05/2026. A fire drill was      |
| 21        | conducted on 03/29/26, per staff records.                                                                |
| 22        |                                                                                                          |
| 23        |                                                                                                          |
| 24        | Continued on LIC809-C                                                                                    |
| 25        |                                                                                                          |

|                                                      |
|------------------------------------------------------|
| NAME OF LICENSING PROGRAM MANAGER: Alexandria Walton |
| NAME OF LICENSING PROGRAM ANALYST: Jimmy Duarte      |

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 04/03/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/03/2026

**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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| <b>FACILITY EVALUATION REPORT (Cont)</b>               |                                                                                                                                 |

**FACILITY NAME:** ROSEWOOD RETIREMENT COMMUNITY      **FACILITY NUMBER:** 150400536  
**VISIT DATE:** 04/03/2026

| NARRATIVE |                                                                                                               |
|-----------|---------------------------------------------------------------------------------------------------------------|
| 1         | Continued from LIC809.                                                                                        |
| 2         |                                                                                                               |
| 3         | LPA's conducted resident and staff file reviews as well as a medication audit. Emergency/ Disaster and        |
| 4         | Infection Control procedures and requirements were reviewed during the inspection.                            |
| 5         |                                                                                                               |
| 6         | LPA's observed eight out of 20 staff files reviewed had expired CPR/First Aid. The centrally stored log for   |
| 7         | R1 and R2 did not have a start date for some medications.                                                     |
| 8         |                                                                                                               |
| 9         | Deficiencies were cited. See LIC 809-D.                                                                       |
| 10        |                                                                                                               |
| 11        | An exit interview was conducted and Plan of Correction (POC) developed. A signed copy of this report          |
| 12        | and Appeal Rights were provided.                                                                              |
| 13        |                                                                                                               |
| 14        |                                                                                                               |
| 15        | Community Care Licensing (CCL) is always striving to have facility files that reflect the most accurate &     |
| 16        | up to date information for your facility. In an effort to maintain your facility file, please submit the most |
| 17        | current & complete forms &/or information as identified below:                                                |
| 18        |                                                                                                               |
| 19        | <b><u>Residential Care Facility for the Elderly (RCFE):</u></b>                                               |
| 20        |                                                                                                               |
| 21        |                                                                                                               |
| 22        | • <u>LIC 308 Designation of Facility Responsibility</u>                                                       |
| 23        | • <u>-as applicable: LIC 309 Administrative Organization</u>                                                  |
| 24        | • <u>-as applicable: LIC 400 Affidavit Regarding Client/Resident Cash Resources</u>                           |
| 25        | • <u>-as applicable: LIC 402 Surety Bond</u>                                                                  |
| 26        | • <u>LIC 500 Personnel Report</u>                                                                             |
| 27        | • <u>LIC 610E Emergency Disaster Plan For Residential Care Facilities For The Elderly</u>                     |
| 28        | • <u>LIC 9020 Register of Facility Clients/Residents</u>                                                      |
| 29        | • <u>Copy of current Liability Insurance</u>                                                                  |
| 30        | • <u>Copy of current Administrator Certificate</u>                                                            |
| 31        | • <u>Alternate contact information including name, telephone number, &amp; email address.</u>                 |
| 32        |                                                                                                               |
|           | Please submit the above forms/information to Fresno CCL by: 04/10/26                                          |

|                                                                                                         |                         |
|---------------------------------------------------------------------------------------------------------|-------------------------|
| <b>NAME OF LICENSING PROGRAM MANAGER:</b> Alexandria Walton                                             |                         |
| <b>NAME OF LICENSING PROGRAM ANALYST:</b> Jimmy Duarte                                                  |                         |
| <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>                                                             | <b>DATE:</b> 04/03/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                               | <b>DATE:</b> 04/03/2026 |

|                                                        |                                                                                                                        |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
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| <b>FACILITY EVALUATION REPORT (Cont)</b>               |                                                                                                                        |

**FACILITY NAME:** ROSEWOOD RETIREMENT COMMUNITY

**FACILITY NUMBER:** 150400536

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 04/03/2026

| DEFICIENCIES & PLANS OF CORRECTION (POCs)                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                       |               |     |                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----|------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                            | Type B                                                                                                                                                                                                                                                                                                | Section Cited | CCR | 87411(c)(1)      |  |
| Staff providing care shall receive appropriate training in first aid from persons qualified by such agencies as the American Red Cross.                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                       |               |     |                  |  |
| 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 that LPAs observed eight out of 20 staff files reviewed had expired CPR/First Aid, which poses/posed a potential health, safety or personal rights risk to persons in care.                       |               |     |                  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                       |               |     |                  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                       |               |     |                  |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                       |               |     |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | POC Due Date: 04/10/2026                                                                                                                                                                                                                                                                              |               |     |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Plan of Correction                                                                                                                                                                                                                                                                                    |               |     |                  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                          | Administrator stated that staff will complete CPR/First Aid training this week and provide proof by POC due date.                                                                                                                                                                                     |               |     |                  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                       |               |     |                  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                       |               |     |                  |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                       |               |     |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Type B                                                                                                                                                                                                                                                                                                | Section Cited | CCR | 87465(a)(6)      |  |
| 87465 Incidental Medical and Dental Care                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                       |               |     |                  |  |
| (a) A plan for incidental medical and dental care shall be developed by each facility. The plan shall encourage routine medical and dental care and provide for assistance in obtaining such care, by compliance with the following: (6) When requested by the prescribing physician or the Department, a record of dosages of medications which are centrally stored shall be maintained by the facility. |                                                                                                                                                                                                                                                                                                       |               |     |                  |  |
| This requirement is not met as evidenced by:                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                       |               |     |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Deficient Practice Statement                                                                                                                                                                                                                                                                          |               |     |                  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                          | Based on observation, interviews, and record review, the licensee did not comply with the section cited above in that the centrally stored log for R1 and R2 did not have a start date for some medications, which poses/posed a potential health, safety or personal rights risk to persons in care. |               |     |                  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                       |               |     |                  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                       |               |     |                  |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                       |               |     |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | POC Due Date: 04/17/2026                                                                                                                                                                                                                                                                              |               |     |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | Plan of Correction                                                                                                                                                                                                                                                                                    |               |     |                  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                          | Administrator stated that they will audit current centrally stored medication logs and conduct an inservice training for all staff. Administrator will provide an updated centrally stored log and a sign in sheet, with the topics discussed and the participants attending.                         |               |     |                  |  |
| 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: Jimmy Duarte                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                       |               |     |                  |  |
| LICENSING PROGRAM ANALYST SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                       |               |     |                  |  |
|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                       |               |     | DATE: 04/03/2026 |  |
| I acknowledge receipt of this form and understand my appeal rights as explained and received.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                       |               |     |                  |  |

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/03/2026