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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 015601374
Report Date: 07/28/2026
Date Signed: 07/28/2026 04:57:28 PM

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

FACILITY NAME:	AEGIS ASSISTED LIVING OF FREMONT		FACILITY NUMBER:	015601374
ADMINISTRATOR/ DIRECTOR:	TURNER, RYAN		FACILITY TYPE:	740
ADDRESS:	3850 WALNUT AVENUE		TELEPHONE:	(510) 739-1515
CITY:	FREMONT	STATE: CA	ZIP CODE:	94538
CAPACITY: 110		CENSUS: 78	DATE:	07/28/2026
TYPE OF VISIT:	Case Management - Health Checks	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	01:00 PM
MET WITH:	Renato Aleisani, Interim General Manager		TIME VISIT/ INSPECTION COMPLETED:	05:15 PM

NARRATIVE

On 07/28/2026 at 1:00 PM, Licensing Program Analyst (LPA) P.Manalo arrived unannounced to conduct a health and safety check because of incident that occurred on 07/24/2026 involving residents and visitor that were armed. Local law enforcement was involved during the incident. LPA met with General Manager, Ryan Turner, Interim General Manager, Renato Alesiani, and Health Services Director, Leslie Ibo LPA informed the purpose of the visit.

During the visit, LPA observed R1 and R2 as they were preparing to go out of the facility for an outing with W1. Alesiani stated that the facility provided trauma counselors and chaplain services to the residents , staff, and visitors. The private dining room where the incident took place is closed until remodeling is completed.

LPA toured facility inside and out including but not limited to apartments, bathrooms, kitchen, multiple activity rooms, common area and courtyard. All outdoor and indoor passageways are kept free of obstruction. There are no bodies of water observed. A comfortable temperature in the hallways is maintained at 71 degrees Fahrenheit. LPA observed lighting in all rooms is adequate for the comfort and safety of the residents. The hot water temperature in the residents shared bathroom was measured at 110, 113.4, 113.2, 105.7, and 115 degrees Fahrenheit. Residents' showers are equipped with grab bars and non-skid shower pans. There is a minimum of one week supply of nonperishable and 2-day of perishable foods.

Continue to LIC809-C...

Yvonne Flores-Larios
Patricia Manalo

	**DATE:** 07/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	**DATE:** 07/28/2026

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.

FACILITY NAME: AEGIS ASSISTED LIVING OF FREMONT **FACILITY NUMBER:** 015601374

VISIT DATE: 07/28/2026

NARRATIVE

Continued from LIC809....

Fire Alarm semi annual was last conducted in December 2025. Smoke alarm and carbon monoxide were in operating condition during visit. Fire extinguisher was last serviced on 06/24/2026. First aid kit was observed to be complete. Liability insurance is effective from 12/01/2025 to 12/01/2026.

THE FOLLOWING DEFICIENCY WAS OBSERVED DURING VISIT:

At 1:59 PM, LPA observed Lysol wipes and Lysol spray in R3's room and Clorox wipes in R4's room

The Facility was cited from the California Code of Regulations, Title 22 and/or Health and Safety Code Failure to correct deficiency by POC date may result in additional Civil Penalties.

Exit interview conducted with Aleisani. Appeal Rights and a copy of this report provided.

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios
NAME OF LICENSING PROGRAM ANALYST: Patricia Manalo
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 07/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/28/2026

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Created By: Patricia Manalo On 07/28/2026 at 04:33 PM
Link to Parent Document Below:

FACILITY NAME: AEGIS ASSISTED LIVING OF FREMONT **FACILITY NUMBER:** 015601374

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/28/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/29/2026 **Section Cited** CCR 87309(a)	87309(a) Storage Space and Access ...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.	By POC date, staff agree to lock the items and send proof to CCLD.
	This requirement is not met as evidenced by: Based on observations and record review, the licensee did not comply with the section cited above by having Lysol wipes and Lysol spray in R3's room and Clorox wipes in R4's room which poses an immediate safety risk to persons in care.	

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: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Patricia Manalo

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/28/2026