

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 015601394

Report Date: 01/28/2026

Date Signed: 01/28/2026 05:40:06 PM

Document Has Been Signed on 01/28/2026 05:40 PM - **It Cannot Be Edited**

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

FACILITY NAME:	SAN LEANDRO SENIOR LIVING	FACILITY NUMBER:	015601394
ADMINISTRATOR/DIRECTOR:	BERTUCCI, GLENDA T	FACILITY TYPE:	740
ADDRESS:	348 W JUANA AVE	TELEPHONE:	(510) 357-1691
CITY:	SAN LEANDRO	STATE:	CA
CAPACITY:	90	ZIP CODE:	94577
TYPE OF VISIT:	Required - 1 Year	CENSUS:	64
		DATE:	01/28/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	01:45 PM
MET WITH:	Glenda Bertucci, Administrator	TIME VISIT/INSPECTION COMPLETED:	06:00 PM

NARRATIVE

1 On 1/28/2026 at 1:45 PM, Licensing Program Analysts (LPAs) Y. Brown and P. Manalo arrived
2 unannounced to conduct 1-Year Annual Required inspection. LPAs met with Administrator (ADM),
3 Glenda Bertucci and explained the purpose of the visit. The facility's fire clearance was approved for
4 ninety (90) residents, of which forty (40) may be non ambulatory.
5
6 LPAs toured the facility with the ADM, including but not limited to residents' apartments, bathrooms,
7 multiple activity rooms, kitchen, common area and courtyard. There are no bodies of water observed.
8 LPAs observed lighting in all rooms are adequate for the comfort and safety of the residents. The hot
9 water temperature in a sample of resident's bathrooms were measured at 120.0 and 113.4 degrees
10 Fahrenheit. Residents' bathrooms are equipped with grab bars and non-skid mats. There is a minimum
11 of one week supply of nonperishable and 2-day of perishable foods.
12
13 Carbon monoxide detector were in operating condition during visit. Fire alarm was last inspected on
14 07/11/2025. Fire extinguisher all around the facility was last serviced on 4/4/2025.
15
16 LPAs reviewed six (6) resident and five (5) staff records. LPAs reviewed a sample of resident
17 medication.
18
19
20 Continued on LIC809C.
21
22
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal
NAME OF LICENSING PROGRAM ANALYST: Yasamin Brown

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.

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: SAN LEANDRO SENIOR LIVING

FACILITY NUMBER: 015601394

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/28/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type A

Section Cited

CCR

87309(a)(1)

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. (1) Disinfectants, cleaning solutions, and poisonous substances shall be stored in areas separate from food supplies as specified in Section 87555, General Food Service Requirements.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on observation, the licensee did not comply with the section cited above in that comet bleach
2 powder and Endust Dust & Clean multi-surface spray was found unlocked in a residents room which
3 poses an immediate safety risk to persons in care.
4

POC Due Date: 01/29/2026

Plan of Correction

1 Administrator removed the comet bleach powder and Endust Dust & Clean multi- surface spray and put
2 it in a locked cabinet. Deficiency cleared during visit.
3
4

Section Cited

Deficient Practice Statement

1
2
3
4

POC Due Date:

Plan of Correction

1
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 Harpreet Humpal

MANAGER:

NAME OF LICENSING PROGRAM Yasamin Brown

ANALYST:

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

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

FACILITY NAME: SAN LEANDRO SENIOR LIVING

FACILITY NUMBER: 015601394

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/28/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87303(a)	
--	---------------	----------------------	------------	-----------------	--

(a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors

This requirement is not met as evidenced by:

	Deficient Practice Statement
--	-------------------------------------

1	The licensee did not comply with the section cited above by having the residents shower with debris, resident's room with a strong odor of feces, and the handicapped button in the front door in disrepair, which poses a potential safety risk to persons in care.
2	
3	
4	

	POC Due Date: 02/06/2026
--	---------------------------------

	Plan of Correction
--	---------------------------

1	By POC date, the administrator agrees to clean the resident's room and bathroom, and repair the door.
2	
3	
4	

	Type B	Section Cited	CCR	87412(a)	
--	---------------	----------------------	------------	-----------------	--

(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information:

This requirement is not met as evidenced by:

	Deficient Practice Statement
--	-------------------------------------

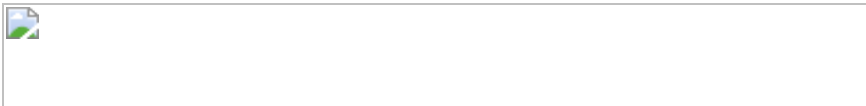
1	Based on record review, the licensee did not comply with the section cited above in that S1, S3, S4, and S5 files were incomplete which poses a potential safety risk to persons in care.
2	
3	
4	

	POC Due Date: 02/04/2026
--	---------------------------------

	Plan of Correction
--	---------------------------

1	By POC date, the administrator agrees to complete S1, S3, S4, and S5's files and make sure documents are up top date and send self-certification to CCLD.
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	Harpreet Humpal
MANAGER:	
NAME OF LICENSING PROGRAM	Yasamin Brown
ANALYST:	
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