

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 015601481

**Report Date:** 01/06/2026

**Date Signed:** 01/06/2026 02:41:54 PM

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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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	COMMON DESTINY	FACILITY NUMBER:	015601481
ADMINISTRATOR/TOM, MARVIN DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	34209 SYLVESTER DRIVE	TELEPHONE:	(510) 794-4931
CITY:	FREMONT	STATE: CA	ZIP CODE: 94555
CAPACITY:	6	CENSUS: 5	DATE: 01/06/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION BEGAN:	09:30 AM
MET WITH:	Administrators Marvin Tom and Evelyn Hong Yuan	TIME VISIT/ INSPECTION COMPLETED:	02:45 PM

### NARRATIVE

1 On 1/6/2026 at 9:30 AM, Licensing Program Analyst (LPA) James Sampair arrived unannounced to  
2 conduct this Required Annual Inspection. Upon entry, the LPA stated the purpose of the visit to  
3 Administrator Leonora Maquilan. At approximately 10:45 AM, Administrators Marvin Tom and Evelyn  
4 Hong Yuan arrived at the facility.  
5  
6 The LPA toured the facility including but not limited to residents' rooms, bathrooms, kitchen, common  
7 areas and the backyard. The LPA observed adequate lighting for the comfort and safety of residents in  
8 all rooms. Inside and outside areas are free of obstruction and no bodies of water. The temperature in  
9 the kitchen was measured at 68.7 degrees Fahrenheit at 10:15 AM. The maximum hot water  
10 temperature was measured at 115.1 degrees Fahrenheit. Residents' bathrooms are equipped with grab  
11 bars and slip-resistant mats. No smoking signs posted for residents on oxygen. There is more than the  
12 minimum of a one-week supply of nonperishable food and 2 days of perishable food. Centrally stored  
13 medications, sharps, and toxic cleaners are inaccessible to residents in care.  
14  
15 The LPA observed the required postings in the facility, including the Residential Care Facility for the  
16 Elderly Complaint Poster, Ombudsman and Personal Rights posters, and the Theft and Loss Policy.  
17 Smoke detectors and carbon monoxide detectors were tested and found to be in operating condition.  
18 The fire extinguisher was fully charged and serviced within one year on 8/28/2025. The Emergency  
19 Disaster Plan was last reviewed on 5/1/2025. First aid kit was observed to be complete. Liability  
20 insurance expires on 12/7/2026. Facility cited because emergency, disaster, and fire drills were **not**  
21 conducted on a quarterly basis. The most recent drill was conducted on 5/1/2025.  
22  
23 The LPA reviewed 5 resident records and 5 staff records.  
24  
25 1 B Type citation was issued during the inspection.

Exit interview conducted and a copy of this report provided.

**NAME OF LICENSING PROGRAM MANAGER:** Harpreet Humpal

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature box]

DATE: 01/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature box]

DATE: 01/06/2026

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

**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: James Sampair On 01/06/2026 at 02:05 PM**  
**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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**FACILITY NAME:** COMMON DESTINY

**FACILITY NUMBER:** 015601481

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 01/06/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type B</b>	<b>Section Cited</b>	<b>HSC</b>	<b>1569.695(c)</b>	
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**Other Provisions**

(c) A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1 2 3 4	Based on record review, the licensee did not comply with the section cited above. They conducted 1 of the 4 emergency/disaster drills annually, which poses a potential health, safety or personal rights risk to persons in care.
	<b>POC Due Date:</b> 01/13/2026
	<b>Plan of Correction</b>
1 2 3 4	On or before due date, the Licensee will (1) conduct their first quarterly emergency/disaster drill of 2026 and (2) create a schedule for quarterly emergency/disaster drills for the future.

		<b>Section Cited</b>			
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	<b>Deficient Practice Statement</b>
1 2 3 4	
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
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** James Sampair

**ANALYST:**

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 01/06/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 01/06/2026