

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 015601482

Report Date: 12/10/2025

Date Signed: 12/10/2025 05:32:48 PM

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

| | | | |
|-------------------------------|------------------------------|-----------------------------------|----------------|
| FACILITY NAME: | BLOSSOM GARDEN SENIOR HOME | FACILITY NUMBER: | 015601482 |
| ADMINISTRATOR/HYESUS, FEKERTE | | FACILITY TYPE: | 740 |
| DIRECTOR: | | TELEPHONE: | (510) 363-8566 |
| ADDRESS: | 21307 WESTERN BLVD | ZIP CODE: | 94541 |
| CITY: | HAYWARD | STATE: | CA |
| CAPACITY: | 9 | CENSUS: | 7 |
| TYPE OF VISIT: | Required - 1 Year | DATE: | 12/10/2025 |
| | | UNANNOUNCED TIME VISIT/INSPECTION | 12:10 PM |
| | | BEGAN: | |
| MET WITH: | Fekerte Hyesus/Administrator | TIME VISIT/INSPECTION | 05:35 PM |
| | | COMPLETED: | |

NARRATIVE

1 On this day, December 10, 2025, at 12:10 pm, Licensing Program Analyst (LPA) Delmundo arrived
2 unannounced to conduct an annual required inspection. LPA met with Fekerte Hyesus, administrator
3 (ADM), and informed the reason for visit.
4
5 LPA toured the facility inside out with ADM. LPA inspected the kitchen, dining area, living room,
6 bedrooms, bathrooms, side yard and backyard. Food supplies were observed good for 2 days of
7 perishables and 7 days of non-perishables. Central storage for medications was observed locked.
8
9 Facility has smoke and carbon monoxide detectors that were tested, and observed in operating
10 condition during visit. Facility conducts disaster drills quarterly, and records showed last conducted
11 September 18, 2025. Fire extinguishers were observed fully charge with tags showed serviced May 2,
12 2025. Hot water in the common bathroom was tested.
13
14 LPA reviewed 4 staff and 5 residents files. Medications checked, and compared with records and
15 doctor's orders. Facility does not handle residents' cash resources.
16
17 LPA received copy of \$3M liability insurance certificate on this day.
18
19
20continued on 809C
21
22
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong
NAME OF LICENSING PROGRAM ANALYST: Alicia Delmundo

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 12/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 12/10/2025

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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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont) | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612 |
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FACILITY NAME: BLOSSOM GARDEN SENIOR HOME

FACILITY NUMBER: 015601482

VISIT DATE: 12/10/2025

| NARRATIVE | |
|-----------|---|
| 1 | Administrator to submit updated copies of the following by December 24, 2025: |
| 2 | 1. LIC308 Designation of Facility Responsibility |
| 3 | 2. LIC500 Personnel Report |
| 4 | 3. LIC610E Emergency Disaster Plan (9 pages) |
| 5 | |
| 6 | The following deficiencies were observed and cited from Title 22 California Code of Regulations, and |
| 7 | listed on 809Ds. Failure to submit proof of corrections by plan of correction due dates, and any |
| 8 | repeat violation within 12 month period may result in civil penalty. |
| 9 | |
| 10 | -at 12:16 pm, lighter and peeler in kitchen cabinets without lock. |
| 11 | -at 12:25 pm, closet doors derailed and bio hazard container in one of the residents' rooms. |
| 12 | -at 12:29 pm, broken drawer knobs in residents' room. |
| 13 | -at 1:32 pm, hot water was at 137 degrees Fahrenheit. |
| 14 | -at 1:33 pm, lavatory sink not properly draining. |
| 15 | -at 2:00 pm, residents' (R1 and R2) half bed rails don't have doctor's orders on file. |
| 16 | |
| 17 | Deficiencies and plan and proof of corrections were discussed with the administrator. |
| 18 | |
| 19 | Exit interview conducted. Appeal Rights, LIC9098 Proof of Correction form and copy of this report |
| 20 | provided. |
| 21 | |
| 22 | |
| 23 | |
| 24 | |
| 25 | |
| 26 | |
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| 32 | |

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|---|
| NAME OF LICENSING PROGRAM MANAGER: Bennett Fong |
| NAME OF LICENSING PROGRAM ANALYST: Alicia Delmundo |
| LICENSING PROGRAM ANALYST SIGNATURE: |
| DATE: 12/10/2025 |

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

| |
|---|
| FACILITY REPRESENTATIVE SIGNATURE: |
| DATE: 12/10/2025 |

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** BLOSSOM GARDEN SENIOR HOME**FACILITY NUMBER:** 015601482**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 12/10/2025**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

| | Type A | Section Cited | CCR | 87303(e)(2) | |
|--|--------|---------------|-----|-------------|--|
|--|--------|---------------|-----|-------------|--|

87303 Maintenance and Operation

(e) Water supplies and plumbing fixtures shall be maintained as follows:

(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degree C) and not more than 120 degree F (49 degree C).

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 hot water at 137
2 degrees Fahrenheit which poses an immediate safety and/or personal rights risks to persons in care.
3
4

POC Due Date: 12/11/2025**Plan of Correction**

1 Corrected.
2 Staff adjusted the temperature to 120 degrees.
3
4

| | Type A | Section Cited | CCR | 87309(a) | |
|--|--------|---------------|-----|----------|--|
|--|--------|---------------|-----|----------|--|

87309 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.

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 lighter and peeler in
2 kitchen cabinets without lock and bio hazard container in one of the residents' rooms which pose an
3 immediate safety and/or personal rights risks to persons in care.
4

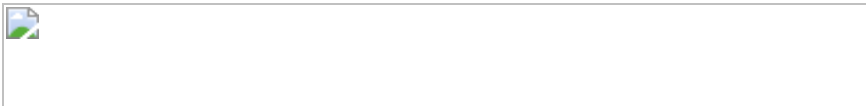
POC Due Date: 12/11/2025**Plan of Correction**

1 Administrator locked the items.
2 In addition, administrator to in-service the staff and submit copy of training topics with attendees
3 signatures by 12/11/25.
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: Bennett Fong
NAME OF LICENSING PROGRAM ANALYST: Alicia Delmundo
LICENSING PROGRAM ANALYST SIGNATURE:

**DATE:** 12/10/2025**I acknowledge receipt of this form and understand my appeal rights as explained and received.**



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Created By: Alicia Delmundo On 12/10/2025 at 05:01 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
 COMMUNITY CARE LICENSING DIVISION
 , 1515 CLAY STREET, STE. 310
 OAKLAND, CA 94612

FACILITY NAME: BLOSSOM GARDEN SENIOR HOME

FACILITY NUMBER: 015601482

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/10/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

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

87303 Maintenance and Operation
 (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 | Based on observation, the licensee did not comply with the section cited above in the following which pose a potential safety and/or personal rights risksto persons in care: closet doors derailed; lavatory sink not properly draining; broken drawer knobs |
| 2 | |
| 3 | |
| 4 | |

POC Due Date: 12/24/2025

| Plan of Correction | |
|--------------------|--|
| 1 | Administrator to do the following and submit proof by 12/24/25: 1. Have the closet doors fixed. 2. Have the sink declogged. 3. Have the cabinet knobs replaced. |
| 2 | |
| 3 | |
| 4 | |

| | Type B | Section Cited | CCR | 87608(a)(3) | |
|--|--------|---------------|-----|-------------|--|
|--|--------|---------------|-----|-------------|--|

87608 Postural Supports
 (a) Based on the individual's preadmission appraisal, and subsequent changes to that appraisal, the facility shall provide assistance and care for the resident in those activities of daily living which the resident is unable to do for himself/herself. Postural supports may be used under the following conditions.
 (3) A written order from a physician indicating the need for the postural support shall be maintained in the resident's record. The licensing agency shall be authorized to require other additional documentation if needed to verify the order.


This requirement is not met as evidenced by:

| Deficient Practice Statement | |
|------------------------------|---|
| 1 | Based on observation and records review, the licensee did not comply with the section cited above in not having doctor's orders for R1 and R2's half bed rails which pose a potential safety and/or personal rights risks to persons in care. |
| 2 | |
| 3 | |
| 4 | |

POC Due Date: 12/24/2025

| Plan of Correction | |
|--------------------|--|
| 1 | Administrator to obtain doctor's orders and submit copies by 12/24/25. |
| 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: | Bennett Fong |
| NAME OF LICENSING PROGRAM ANALYST: | Alicia Delmundo |
| LICENSING PROGRAM ANALYST SIGNATURE: |  |
| | DATE: 12/10/2025 |

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