

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 157206689
Report Date: 08/06/2025
Date Signed: 08/06/2025 02:49:41 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710	
FACILITY EVALUATION REPORT			
FACILITY NAME: A COMFORT CARE HOME		FACILITY NUMBER:	157206689
ADMINISTRATOR/SCHISLER, EVANGELINE T. DIRECTOR:		FACILITY TYPE:	740
ADDRESS: 12409 ANDES AVE		TELEPHONE:	(661) 679-7494
CITY: BAKERSFIELD	STATE: CA	ZIP CODE:	93312
CAPACITY: 6	CENSUS: 4	DATE:	08/06/2025
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION	09:13 AM
		BEGAN:	
MET WITH: Evangeline Schissler		TIME VISIT/ INSPECTION	03:00 PM
		COMPLETED:	

NARRATIVE	
1	On 8/06/25, Licensing Program Analysts (LPAs) M. Medina and J. Duarte conducted an unannounced
2	Annual Required Inspection. LPAs arrived, introduced self, stated purpose of visit, and allowed entrance
3	by Licensee/Administrator Evangeline Schissler. LPAs toured facility with Licensee.
4	
5	LPAs observed facility to be clean, odor free, and temperature to be 79 degrees. Facility observed to be
6	equipped with auditory alarms on all exit doors however not in the "on" position. Resident rooms toured.
7	All common areas observed to have adequate seating available for residents. Bathrooms observed to
8	have grab bars, shower chairs, and non-skid mats available. Fixtures in the bathroom observed to be
9	functional. Water temperature measured at 118 degrees F. Kitchen toured, facility has a 7-day supply of
10	non-perishable food and a 2-day supply of perishable food available. LPAs observed food in refrigerator
11	to be stored and not dated. LPAs also observed canned food in pantry beyond expiration date. Knives
12	observed to be in drawer but unlocked and accessible to residents. Medications cabinets observed to be
13	locked and secured, however, LPAs observed AM medications pre-dispensed along with prescription
14	ointments, and prescription inhaler unlocked and accessible in drawer. LPAs observed during file review
15	that all resident did not have a centrally stored medication records.
16	
17	LPAs observed smoke detectors and carbon monoxide detector to be operational during facility
18	inspection. Fire extinguisher present with a purchase date of 7/8/2025.
19	
20	Outside of facility toured. Pool is surrounded with a 5 foot wrought iron fence, observed to be locked and
21	secured and inaccessible to residents. Shed in backyard unlocked and contained chemicals for the pool
22	and hazardous equipment. LPAs observed a dresser and miscellaneous items along the North side of
23	facility that need to be moved and secured or disposed of, these items also contained unsecured
24	chemicals and observed accessible to residents
25	

NAME OF LICENSING PROGRAM MANAGER: Sergiy Pidgirny
NAME OF LICENSING PROGRAM ANALYST: Melinda Medina

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/06/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/06/2025

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 III, 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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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: A COMFORT CARE HOME

FACILITY NUMBER: 157206689

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/06/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87309(a)	
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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 Kitchen knives observed to be unlocked in kitchen drawer, medications observed to be dispensed and unlocked in drawer. Medication for R1 observed to be unlocked and in area accessible to residents. Shed in backyard unlocked and contained chemicals for pool and hazardous equipment. Chemicals observed on North side of facility were unsecured which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 08/06/2025
	Plan of Correction
1	All items were locked and secured at time of inspection. DEFICIENCY CLEARED AT TIME OF INSPECTION
2	
3	
4	

	Type A	Section Cited	CCR	87705(j)	
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Care of Persons with Dementia. The licensee shall have an auditory device or other staff alert feature to monitor exits, if exiting presents a hazard to any resident. 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 as all exit doors in facility had auditory alarms in place but not in the "on" position which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 08/07/2025
	Plan of Correction

1	All auditory alarms were placed in the "on" position during inspection, the sliding glass door in the living
2	room needs battery to be replaced. Receipt for purchase of battery to be submitted to Fresno Regional
3	office by plan of correction due date.
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:	Sergiy Pidgirny
NAME OF LICENSING PROGRAM ANALYST:	Melinda Medina
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 08/06/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 08/06/2025

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	HSC	1569.618(c)(3)	
Other Provisions					
(c)The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following: (3) Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on the premises at all times. This paragraph shall not be construed to require staff to provide CPR.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on nterview and record review, the licensee did not comply with the section cited above in 1 out of 2 persons did not have current CPR certification which poses/posed a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 08/08/2025				
	Plan of Correction				
1	Licensee to complete CPR no later than plan of correction due date and submit certificate to Fresno Regional Office				
2					
3					
4					
	Type B	Section Cited	HSC	1569.625(b)(2)	
Other Provisions					
(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as					

required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in 3 out of 3 persons did not have current training on file which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 08/22/2025
	Plan of Correction
1 2 3 4	Licensee to submit documentation for staff training and submit proof of completion to Fresno Regional Office no later than plan of correction due date.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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DEFICIENCIES & PLANS OF CORRECTION (POCs)				
	Type B	Section Cited	CCR	87219(a)
Planned Activities				
(a) Residents shall be encouraged to maintain and develop their quality of life through participation in a variety of planned activities. The activities made available shall include:				
This requirement is not met as evidenced by:				
	Deficient Practice Statement			
1 2 3 4	Based on interviews, the licensee did not comply with the section cited above in interview of residents and licensee facility does not provide activities for residents, which poses/posed a potential health, safety or personal rights risk to persons in care.			
	POC Due Date: 08/22/2025			
	Plan of Correction			

1	Licensee to submit activities calendar for residents to Fresno Regional office by plan of correction due
2	date.
3	
4	

	Type B	Section Cited	CCR	87555(b)(8)	
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General Food Service Requirements

(b) The following food service requirements shall apply: (8) All food shall be of good quality. Commercial foods shall be approved by appropriate federal, state and local authorities. Food in damaged containers shall not be accepted, used or retained.

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 as LPA observed
2	expired canned food in pantry, and leftover food and fresh fruit in refridgerator stored without having
3	dates which poses/posed a potential health, safety or personal rights risk to persons in care.
4	
	POC Due Date: 08/22/2025
	Plan of Correction
1	Licensee to ensure that all food items are properly stored and dated in the refrigeration, plan of
2	correction to be submitted to Fresno Regional Office by due date.
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.

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	Type B	Section Cited	CCR	87465(a)(6)	
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Incidental Medical and Dental Care Services

(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 and record review, the licensee did not comply with the section cited above in 4 out of 4 residents did not have centrally stored medication records which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 08/22/2025
	Plan of Correction
1	Licensee to complete centrally stored medication logs for all residents and submit to Fresno Regional office by plan of correction due date.
2	
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	Type B	Section Cited	HSC	1569.695(c)	
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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:

	Deficient Practice Statement
1	Based on record review, the licensee did not comply with the section cited above as has to record of fire drill since 10/01/2022 which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 08/22/2025
	Plan of Correction
1	Licensee to conduct fire drill and submit plan of correction to Fresno Regional Office by due date
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.

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NARRATIVE	
1	LPAs reviewed staff and resident file reviews. LPA Medina received copies of Administrator certificate and current liability insurance during inspection.
2	
3	
4	Per California Code of Regulations, Title 22, Division 6, Chapter 8, deficiencies are being cited on the

5	attached 9099-D.
6	
7	Exit interview conducted. A copy of signed report and Appeal rights will be emailed to licensee.
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