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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 157209136
Report Date: 06/30/2026
Date Signed: 06/30/2026 04:59:58 PM

Document Has Been Signed on 06/30/2026 04:59 PM **- It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710

FACILITY NAME:	REDWOOD SENIOR LIVING BAKERSFIELD		FACILITY NUMBER:	157209136
ADMINISTRATOR/ DIRECTOR:	PONCE, BEATRIZ		FACILITY TYPE:	740
ADDRESS:	810 S UNION AVE		TELEPHONE:	(661) 633-2263
CITY:	BAKERSFIELD	STATE: CA	ZIP CODE:	93307
CAPACITY: 41		CENSUS: 41	DATE:	06/30/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	02:30 PM
MET WITH:	Administrator: Beatriz Ponce		TIME VISIT/ INSPECTION COMPLETED:	05:30 PM

NARRATIVE

On 6/30/26, Licensing Program Analyst (LPA) J. Leffall arrived at the facility unannounced to conduct the Required Annual Inspection. LPA met with Administrator Beatriz Ponce, Licensee (L1) Anthony Barbato, and Regional Director (RD) Steven Cruz. LPA explained the purpose of the inspection and was granted entry into the facility by the Med Tech (MT) Barbara Martin.

A tour of the facility was conducted with A1. The residence was set at 72 F temperature and free of passageway obstructions inside and outside.

Kitchen toured, LPA observed 2 day supply of perishable food and 7 day supply of non-perishable food. Kitchen was clean and organized. Sharps and knives are kept locked in kitchen cabinet. Cleaning supplies were in a locked closet smoke detectors and carbon monoxide detectors were checked and operating. Water temperature measured within regulatory range.

Tel-Tec Security Systems conducts a Fire Alarm system inspection annually. Facility has a fire sprinkler system. Fire extinguishers last inspected 8/7/25 and pressure gauges are in the good range.

LPA with A1 inspected the backyard. LPA, observed that the backyard is well maintained, trees and grass in good condition. Patio furniture is clean and ready for use. LPA observed two locked sheds. Sheds store extra equipment, incontinence pads/diapers, emergency supply of water (4 five gallon water jugs). The exterior walkways are free from obstructions and debris. There are four patio tables with umbrellas and seating.

LPA met with med tech and conducted audit of pill count and MARS documentation. Records were up to date and in full compliance. Medication room is locked and med carts locked within that room. LPA observed medications are stored in medication room. Medication bins for each resident, labeled and organized. First aid kit was inspected and found to contain the required items.

Report continued on LIC-809C.....

NAME OF LICENSING PROGRAM MANAGER: See Moua
NAME OF LICENSING PROGRAM ANALYST: Jacques Leffall
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/30/2026

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: REDWOOD SENIOR LIVING BAKERSFIELD **FACILITY NUMBER:** 157209136

VISIT DATE: 06/30/2026

NARRATIVE

During today's inspection, LPA observed 3 resident bedrooms. Bedrooms contained 2 residents each. The bedrooms were well lit. Window and screens are in good condition. Bedrooms have two twin beds, ample space between the beds, a shared dresser, two night stands, and a shared closet that can store the residents' personal belongings. Furniture and linens are free from stains and are well maintained. The resident rooms are set up with a jack-and-jill bathroom between them, shared between 2 rooms. Water tested at a range of 111.3 to 113.9 degrees F in 3 bathrooms. Smoke detector and carbon monoxide tested to be operational. Fire drill conducted on 5/19/26.

No deficiencies issued during inspection.

Exit Interview conducted. LPA is requesting the following documents be submitted to the Fresno CCL office by 5/29/26: Current copy of Administrator Certificate, Designation of Facility Responsibility (LIC308), Administrator Organization (LIC 309), Affidavit regarding Client/Resident Cash Resources (LIC 400), Liability Insurance-RCFE, Emergency and Disaster Plan (LIC 610E), Personnel Report (LIC500), Register of Facility Clients/Residents for (LIC9020A)

A copy of this report was provided to Administrator, whose signature on this form confirms receipt of this report.

NAME OF LICENSING PROGRAM MANAGER: See Moua
NAME OF LICENSING PROGRAM ANALYST: Jacques Leffall
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 06/30/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/30/2026