

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 157209304

**Report Date:** 02/23/2026

**Date Signed:** 02/23/2026 02:56:37 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	HALLMARK OF BAKERSFIELD	FACILITY NUMBER:	157209304
ADMINISTRATOR/CANDELAS, ASHLEY L. DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	2001 AKERS ROAD	TELEPHONE:	(661) 834-0200
CITY:	BAKERSFIELD	STATE: CA	ZIP CODE: 93309
CAPACITY:	99	CENSUS: 59	DATE: 02/23/2026
TYPE OF VISIT:	Case Management - Deficiencies	UNANNOUNCED TIME VISIT/ INSPECTION	BEGAN: 02:00 PM
MET WITH:	Ashley Candelas	TIME VISIT/ INSPECTION	COMPLETED: 03:30 PM

### NARRATIVE

1 On 02/23/2026, Licensing Program Analyst (LPA) J. Duarte, conducted a Case Management-  
2 Deficiencies found during a complaint investigation. LPA met with Administrator, Ashley Candelas.  
3  
4 During the complaint investigation, LPA toured a sample of resident rooms. LPA observed R1's sliding  
5 glass door be secured closed with a wooden stick placed on the slider track, preventing the door being  
6 opened. In addition, LPA observed a reclining chair obstructing the sliding glass door exit.  
7  
8 LPA reviewed a sample of resident medications and MARS and observed that medication for tomorrow  
9 morning was missing from the bubble packs for the sample of medications LPA reviewed. The  
10 administrator stated that the morning medication for the residents was transferred to a separate  
11 container to be ready to be dispensed/ administered to residents the following day.  
12  
13 Deficiencies are being issued in accordance with the California Code of Regulations, Title 22, see LIC  
14 809D. A Fire Clearance Civil Penalty was assessed in the amount of \$500.  
15  
16 An exit interview was conducted and Plans of Corrections were reviewed and developed with  
17 Administrator. A copy of this report and appeal rights were discussed and left with Administrator, Ashley  
18 Candelas, whose signature on this form confirms receipt of these documents.  
19  
20  
21  
22  
23  
24  
25

**NAME OF LICENSING PROGRAM MANAGER:** Serigy Pidgirny  
**NAME OF LICENSING PROGRAM ANALYST:** Jimmy Duarte

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 02/23/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 02/23/2026

**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.

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**Created By: Jimmy Duarte On 02/23/2026 at 02:01 PM**  
**Link to Parent Document Below:**

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES          COMMUNITY CARE LICENSING DIVISION          , 1314 E SHAW AVE          FRESNO, CA 93710</p>
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**FACILITY NAME:** HALLMARK OF BAKERSFIELD

**FACILITY NUMBER:** 157209304

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 02/23/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Type A 02/24/2026 Section Cited CCR 87202(a)</p>	<p>1 87202(a) - Fire Clearance            2 (a) All facilities shall maintain a fire            3 clearance approved by the city, county,            4 or city and county fire department, or            5 district providing fire protection            6 services, or the State Fire Marshal.            7</p>	<p>1 .Administrator immediately removed the            2 wooden stick that was preventing the            3 sliding glass door from opening and            4 repositioned the reclining chair to not            5 obstruct the sliding glass door exit. In            6 addition, Administrator stated that            7 chimes will be installed. Administrator            will obtain a quote and will let CCLD            know when chimes have been installed.</p>
	<p>8 This requirement was not met as            9 evidenced by: LPA observed R1's            10 sliding glass door be secured closed            11 with a wooden stick placed on the slider            12 track, preventing the door being            13 opened. In addition, LPA observed a            14 reclining chair obstructing the sliding            glass door.</p>	

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

<b>NAME OF LICENSING PROGRAM</b>	Serigy Pidgirny
<b>MANAGER:</b>	
<b>NAME OF LICENSING PROGRAM</b>	Jimmy Duarte
<b>ANALYST:</b>	

[Signature area]

DATE: 02/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature area]

DATE: 02/23/2026

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1314 E SHAW AVE FRESNO, CA 93710
<b>FACILITY EVALUATION REPORT (Cont)</b>	

FACILITY NAME: HALLMARK OF BAKERSFIELD

FACILITY NUMBER: 157209304

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/23/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/02/2026 Section Cited CCR 87465(h)(5)	1 87465(h)(5)- Incidental Medical and 2 Dental Care 3 4 Each resident's medication shall be 5 stored in its originally received 6 container. No medications shall be 7 transferred between containers.	1 Administrator stated that training will be 2 conducted with staff regarding 3 regulation 87465(h)(5). Administrator 4 will provide proof of the topic of the 5 training conducted and a list of all 6 participants by POC due Date of 7 03/02/2026.
	8 This requirement was not met as 9 evidenced by: LPA reviewed a sample 10 of resident medications and MARS and 11 observed that medication for tomorrow 12 morning were missing from the bubble 13 packs for the sample of medications 14 LPA reviewed. The administrator stated that the morning medication for the residents were transferred to a separate container to be ready to be dispensed/ administered to residents the following day.	
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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

Serigy Pidgirny

**NAME OF LICENSING PROGRAM**

**MANAGER:**

**NAME OF LICENSING PROGRAM**

Jimmy Duarte

**ANALYST:**

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 02/23/2026

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**DATE:** 02/23/2026