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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 157209304
Report Date: 08/21/2026
Date Signed: 08/21/2026 05:03:48 PM

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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:	HALLMARK OF BAKERSFIELD		FACILITY NUMBER:	157209304
ADMINISTRATOR/ DIRECTOR:	CANDELAS, ASHLEY L.		FACILITY TYPE:	740
ADDRESS:	2001 AKERS ROAD		TELEPHONE:	(661) 834-0200
CITY:	BAKERSFIELD	STATE: CA	ZIP CODE:	93309
CAPACITY: 99		CENSUS: 62	DATE:	08/21/2026
TYPE OF VISIT:	Case Management - Deficiencies	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	04:01 PM
MET WITH:	Administrator Ashley Candelas		TIME VISIT/ INSPECTION COMPLETED:	05:30 PM

NARRATIVE

On 08/21/2026, LPA arrived unannounced to conduct a complaint investigation, relative to control #24-AS-20260811092041 and observed the following deficiencies.

During the Course of investigation, LPA toured the facility with the Administrator and observed 12 out of 13 oxygen tanks in a resident room were not secured to the wall or in a stand.

In addition, a staff was not associated to the facility and the facility did not have a signed LIC508.

Deficiencies were cited. See LIC809D. A Repeat violation was assessed in the amount of $1,000 See LIC421IM. A background clearance was assessed in the amount of $100. See LIC421BG.

An Exit interview was conducted, POC were developed, violations were assessed, and appeals rights were provided to Administrator, Ashley Candelas, whose signature confirms receipt of this report.

Alexandria Walton
Jimmy Duarte

	**DATE:** 08/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	DATE: 08/21/2026

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

FACILITY NAME: HALLMARK OF BAKERSFIELD **FACILITY NUMBER:** 157209304
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/21/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 08/28/2026 **Section Cited** CCR 87618(b)(3)(E)	1 2 3 4 5 6 7	(3) Ensuring that the use of oxygen equipment meets the following requirements: (E) Oxygen tanks that are not portable shall be secured in a stand or to the wall. This requirement is not met as evidenced by:	1 2 3 4 5 6 7	The faclity put in place stands and secured all oxygen tanks. POC cleared during visit.
	8 9 10 11 12 13 14	LPA toured the facility with the Administrator and observed 12 out of 13 oxygen tanks in a resident room were not secured to the wall or in a stand, which poses/posed a potential health, safety or personal rights risk to persons in care. Photographs were taken.	8 9 10 11 12 13 14	
	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.

NAME OF LICENSING PROGRAM MANAGER:	Alexandria Walton
NAME OF LICENSING PROGRAM ANALYST:	Jimmy Duarte

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/21/2026

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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 , 1314 E SHAW AVE FRESNO, CA 93710

FACILITY NAME: HALLMARK OF BAKERSFIELD **FACILITY NUMBER:** 157209304

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/21/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 08/22/2026 **Section Cited** CCR 87355(d)	1 2 3 4 5 6 7	(d) All individuals subject to criminal record review shall be fingerprinted and sign a Criminal Record Statement (LIC 508 [Rev. 1/03]) under penalty of perjury.	1 2 3 4 5 6 7	Administrator associated staff to facility during vist.POC cleared during visit.
	8 9 10 11 12 13 14	This requirement was not met as evidenced by: A staff was not associated to the facility and the facility did not have a signed LIC508.	8 9 10 11 12 13 14	
	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.

NAME OF LICENSING PROGRAM MANAGER:	Alexandria Walton
NAME OF LICENSING PROGRAM ANALYST:	Jimmy Duarte

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/21/2026