

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 157209392
Report Date: 03/04/2026
Date Signed: 03/06/2026 12:53:49 PM

Document Has Been Signed on 03/06/2026 12:53 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SIERRA CASCADE AC/SC, 1314 E SHAW AVE FRESNO, CA 93710	
FACILITY EVALUATION REPORT			
FACILITY NAME: DIVINE MERCY CARE HOMES		FACILITY NUMBER:	157209392
ADMINISTRATOR/ORILLOSA, NEIL		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	10239 LANESBOROUGH AVENUE	TELEPHONE:	(661) 412-4845
CITY:	BAKERSFIELD	STATE: CA	ZIP CODE: 93311
CAPACITY: 6	CENSUS: 6	DATE:	03/04/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	09:45 AM
MET WITH: Administrator Neil Orillosa via telephone and staff Rachel Gamet		BEGAN:	
		TIME VISIT/INSPECTION	03:00 PM
		COMPLETED:	

NARRATIVE	
1	On 03/04/26, Licensing Program Analyst (LPA) M. Yang arrived unannounced to conduct an annual visit. LPA introduce self, stated the purpose of the visit and requested to meet with Administrator. LPA met with designee Virginia Ramos. Administrator Neil Orillosa was called and stated unable to attend meeting. Administrator authorized staff (S1) Rachel Gamet to sign reports for the visit. LPA toured facility with S1.
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7	The facility was observed to be at a comfortable temperature, clean, in good repair, and no passageway obstructions or fire hazards were observed inside or outside. Chemicals were observed unlocked under kitchen sink. Medications were observed locked in kitchen shelf. All residents MARS were reviewed and medications were checked. Fire extinguisher was observed with a service date: 03/31/25.
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13	An adequate supply of perishable and non-perishable food was observed. Refrigerator temperature is maintained at 40 degrees F and freezer at 0 degrees F. Cleaning supplies and chemicals stored and unlocked under kitchen sink. Sharps observed locked in kitchen shelf. Extra linens and towels were observed. All bedrooms were observed with adequate lighting. LPA observed to hospice residents lying in bed with full rail. The bathrooms were toured and observed operational during inspection. Hot water temperature was tested at 105.2 degree F in hall bathroom and 107.2 degree F in shared master bathroom.
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19	Outside of facility toured and observed to be free of debris. Adequate outdoor seatings available for clients. Side gate observed self-latching and self-closing. All residents and a sample of staff files were reviewed.
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25	A deficiency is being cited, per California Code of Regulations, Title 22, Division 6, see attached Lic 809D.

Exit Interview conducted. LPA received copies of Lic 308, Lic 500, Lic 610E, and current liability insurance to CCL by 03/10/26. POC was discussed with Administrator via telephone. A copy of this report and appeal rights were provided to Administrator via email as requested.

NAME OF LICENSING PROGRAM MANAGER: See Moua

NAME OF LICENSING PROGRAM ANALYST: Mai Yang

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/04/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

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California Department of Social Services

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.

Created By: Mai Yang On 03/04/2026 at 01:41 PM
Link to Parent Document Below:

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

FACILITY NAME: DIVINE MERCY CARE HOMES

FACILITY NUMBER: 157209392

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/04/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87465(d)(3)	
87465(d)(3) The date and time ...medication was taken, the dosage taken, and the resident’s response shall be documented and maintained in the resident’s facility record.					
This requirement was not met as evidenced by:					
	Deficient Practice Statement				
1	Based on interview conducted, observations, and records reviewed, four out of four resident taking medications, staff did not record medication were administered from 02/26/26 to 3/4/26. R2, R3, R4’s and R5’s PRN medications were not recorded in the MAR. R3’s Acetaminophen medication, R4’s Tylenol medication, and R5’s Lomotil and Miralax medications record in MARs and not centrally stored in the facility, which poses an immediate health and safety risk for the person in care.				
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	POC Due Date: 03/05/2026				
	Plan of Correction				
1	Staff recorded all medications in the MARs for the residents during visit. Licensee will submit a written statement of steps the facility will take to ensure to meet the regulation. The written statement of steps will be submitted to Fresno CCL by POC due date 03/05/26.				
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	All staff in-service medication training will be completed by POC due date 03/17/26. Documents of staff attendance rooster and materials will be submitted to the Fresno CCL by 03/17/26.				
	Type A	Section Cited	CCR	87465(h)(6)	
87465 (h)(6) The licensee shall be responsible for assuring that a record of centrally stored prescription medications for each resident is maintained for at least one year and includes:					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation and records reviewed, R3’s PRN medications were not recorded in the Lic 622. R5’s PRN medication Geri-Tussin DM expect was not recorded in the Lic 622, which poses/posed a potential health and safety and personal rights risk to the resident in care.				
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3					
4					
	POC Due Date: 03/05/2026				
	Plan of Correction				

1	Staff recorded medications in the Centrally Stored Medication List for the residents during visit. POC
2	cleared during visit.
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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:	See Moua
NAME OF LICENSING PROGRAM ANALYST:	Mai Yang
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/04/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 03/04/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87465(c)(2)	
87465 (c)(2) Once ordered by the physician the medication is given according to the physician's directions.					
This requirement was not met as evidenced by:					
	Deficient Practice Statement				
1	Based on records reviewed and interview conducted with Licensee, R2's one out of two medication, R3's two out of three medications, and R4's one out of four medications were not administered as prescribed by physician, which poses/ posed a potential health and safety risk for the person in care.				
2					
3					
4					
	POC Due Date: 03/05/2026				
	Plan of Correction				
1	Licensee will submit a written statement of steps the facility will take to ensure to meet the regulation. The written statement of steps will be submitted to Fresno CCL by POC due date 03/05/26.				
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		Section Cited			
	Deficient Practice Statement				
1					
2					
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4					
	POC Due Date:				
	Plan of Correction				

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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:	See Moua
NAME OF LICENSING PROGRAM ANALYST:	Mai Yang
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/04/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 03/04/2026

Created By: Mai Yang On 03/04/2026 at 01:44 PM
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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/04/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87633(b)	
87633(b) A current and complete hospice care plan shall be maintained in the facility for each hospice resident...					
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 when LPA reviewed R1, R2, R3 and R5 who are currently receiving hospice care with no current hospice care plan on file, which poses a potential health or personal rights risk to persons in care.				
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4					
	POC Due Date: 03/10/2026				
	Plan of Correction				
1	The facility will obtain R1, R2, R3,and R5's current hospice care plan and submit it to Fresno CCL by POC due date 03/10/26.				
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		Section Cited			
	Deficient Practice Statement				
1					
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4					
	POC Due Date:				

	Plan of Correction
1	
2	
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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:	See Moua
NAME OF LICENSING PROGRAM ANALYST:	Mai Yang
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 03/04/2026