

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 157209562
Report Date: 06/03/2026
Date Signed: 06/03/2026 03:46:14 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: SHANTI HOMES 1		FACILITY NUMBER:	157209562
ADMINISTRATOR/DHAND, SANDEEP DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	10301 REVERE BEACH DRIVE	TELEPHONE:	(661) 829-5036
CITY:	BAKERSFIELD	STATE: CA	ZIP CODE: 93314
CAPACITY: 6		CENSUS: 5	DATE: 06/03/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	08:55 AM
MET WITH: Sandeep Dhand- Administrator		BEGAN: TIME VISIT/INSPECTION	04:15 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analysts (LPA) B. Miranda & A. Porter conducted an unannounced visit today for the
2	facility's annual inspection. LPAs introduced themselves and was allowed entrance into the facility. LPA
3	met with Administrator Sandeep Dhand.
4	
5	Facility is licensed for 6 residents and has a current census of 5. There is 1 resident on hospice and 0
6	with a health care. Water temperature was checked in the kitchen which read at 109 degrees Fahrenheit
7	and the common bathroom which read at 103.6 degrees Fahrenheit. Fire Extinguisher was serviced
8	May 29, 2026 and is within the safety regulation period. Smoke and carbon monoxide detectors were
9	tested and in working order.
10	
11	Sandeep Dhand Administrator's Certification expires September 25, 2027. Staff files were reviewed,
12	there is no verification of the completed required hours for medication training, staff only have 2 hours of
13	medication training. S1's file was not complete and is currently not associated to the facility. Resident
14	files were reviewed, R1 & R5 do not have current physician reports. Facility provided a log for disaster
15	drills that are conducted quarterly. First aid kit on site. Toxins and cleaning supplies are locked and
16	inaccessible inside the house. LPA observed an unlocked shed with cans of paint and insect spray.
17	There is a locked storage for medications. LPA observed knives and scissors in unlocked kitchen
18	drawer. LPAs observed the following items to be unsanitary or in good repair:
19	
20	
21	• Pest debris in dishwasher
22	• Pantry door unkept/unsanitary
23	• Kitchen floor to be unkept/unsanitary
24	• Broken shower door handle with a sharp edge in common bathroom
25	• R2's room had urine odor

NAME OF LICENSING PROGRAM MANAGER: Alexandria Walton
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/03/2026

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

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: SHANTI HOMES 1

FACILITY NUMBER: 157209562

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/03/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87202(a)	
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Fire Clearance

(a) All facilities shall maintain a fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal. Prior to accepting or retaining any of the following types of persons, the applicant or licensee shall notify the licensing agency and obtain an appropriate fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal:	
This requirement is not met as evidenced by:	

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above due to R3 have multiple extension cords plugged into each other with additional devices plugged into the extension cords which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 06/04/2026
	Plan of Correction
1 2 3 4	Administrator will remove the extesion cords. Administator will provided a picture to the Dept to by POC due date.

	Type A	Section Cited	CCR	87307(a)(3)(D)	
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Personal Accommodations and Services

(D) Hygiene items of general use such as soap and toilet paper.	
This requirement is not met as evidenced by:	

	Deficient Practice Statement
1 2 3 4	Based on observation & record review, the licensee did not comply with the section cited above due to physician reports for R3 & R4 stating they are at risk with personal hygiene products. LPAs observed hygiene products accessible throughout the facility, which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 06/04/2026
	Plan of Correction
1 2	Administrator will remove hygiene products. Verification will be sent to the Dept by POC 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.

NAME OF LICENSING PROGRAM MANAGER:	Alexandria Walton
NAME OF LICENSING PROGRAM ANALYST:	Brianna Miranda
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/03/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/03/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87307(e)(1)	
Personal Accommodations and Services					
(e) The licensee shall supervise residents as needed and as determined by the resident's appraisal pursuant to Section 87457, Pre-Admission Appraisal or Section 87463, Reappraisals, when residents are in proximity to or when there is use of the following items: (1) Ranges, ovens, heaters, fireplaces, wood stoves, inserts, and other heating devices.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation & record review, the licensee did not comply with the section cited above due to physician reports for R3 & R4 stating they are at risk when in proximity or ranges. LPA observed stove knobs to be on the stove throughout the inspection, which poses an immediate health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 06/04/2026				
	Plan of Correction				
1	Administrator removed stove knobs during visit.				
2					
3					
4					
	Type A	Section Cited	CCR	87309(a)	

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 & record review, the licensee did not comply with the section cited above due to LPAs observing knives unlocked in kitchen drawer and unlocked outside shed storing pest spray and cans of paint, which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 06/04/2026	
Plan of Correction	
1	Knives were removing during today's visit. Administrator will remove the bug spray and cans of paint from the shed. Verification will be sent to the Dept by POC 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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NAME OF LICENSING PROGRAM ANALYST:	Brianna Miranda
LICENSING PROGRAM ANALYST SIGNATURE:	
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FACILITY NAME: SHANTI HOMES 1

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87355(e)(3)	
Criminal Record Clearance					
(e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility: (3) Request a transfer of a criminal record clearance as specified in Section 87355(c) or					
This requirement is not met as evidenced by:					
Deficient Practice Statement					
1	Based on observation, interview, & record review, the licensee did not comply with the section cited above due to S1 not being associated to the facility, which poses an immediate health, safety or personal rights risk to persons in care.				
2					
3					
4					
POC Due Date: 06/04/2026					
Plan of Correction					
1	Administrator will submit LIC9182 for S1 by POC due date.				
2					

1	Based on observation & record review, the licensee did not comply with the section cited above due to
2	R4 not being on hospice and no doctor's order for full bed rail, which poses an immediate health, safety
3	or personal rights risk to persons in care.
4	
	POC Due Date: 06/04/2026
	Plan of Correction
1	Administrator will get a doctor's note for full bed rails, and provide verification to the Dept by POC due
2	date.
3	
4	

	Type A	Section Cited	CCR	87618(b)(3)(A)	
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Oxygen Administration - Gas and Liquid

(3) Ensuring that the use of oxygen equipment meets the following requirements: (A) A report shall be made in writing to the local fire jurisdiction that oxygen is in use at the facility.	
This requirement is not met as evidenced by:	
	Deficient Practice Statement
1	Based on observation, interview, & record review, the licensee did not comply with the section cited due
2	to not notifying the Fire Dept in writing regarding R3 having oxygen, which poses an immediate health,
3	safety or personal rights risk to persons in care.
4	
	POC Due Date: 06/04/2026
	Plan of Correction
1	Administrator will provided a copy of written letter sent to the Fire Dept. Verification will be sent to POC.
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.

NAME OF LICENSING PROGRAM MANAGER:	Alexandria Walton
NAME OF LICENSING PROGRAM ANALYST:	Brianna Miranda
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/03/2026
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FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	, 1314 E SHAW AVE
	FRESNO, CA 93710

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87303(a)	
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(a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1 2 3 4	Based on observation, interview, & record review, the licensee did not comply with the section cited above due to the following being observed: pest debris in dishwasher, pantry door unkept/unsanitary, kitchen floor to be unkept/unsanitary, broken shower door handle with a sharp edge in common bathroom, urine smell in R2's room, which poses/posed a potential health, safety or personal rights risk to persons in care.
POC Due Date: 06/10/2026	
Plan of Correction	
1 2 3 4	Administrator will have items cleaned and verification will be provided to the Dept by POC due date.

	Type B	Section Cited	CCR	87618(b)(3)(B)	
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(3) Ensuring that the use of oxygen equipment meets the following requirements: (B) "No Smoking-Oxygen in Use" signs shall be posted in the appropriate areas.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1 2 3 4	Based on observation & interview, the licensee did not comply with the section cited above due to not having "non-smoking- Oxygen in use " signs posted at the facility, which poses a potential health, safety or personal rights risk to persons in care.
POC Due Date: 06/10/2026	
Plan of Correction	
1 2 3 4	Administator will post signs and provide verification to the Dept by POC 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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NAME OF LICENSING PROGRAM ANALYST:	Brianna Miranda
LICENSING PROGRAM ANALYST SIGNATURE:	 DATE: 06/03/2026
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FACILITY NAME: SHANTI HOMES 1

FACILITY NUMBER: 157209562

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/03/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Section Cited
Deficient Practice Statement	
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above in [count] out of [total count] [(objects) (persons)] [identifiers] which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date:	
Plan of Correction	
1	
2	
3	
4	

Type B	Section Cited	HSC	1569.69(b)
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(b) Each employee who received training and passed the examination required in paragraph (5) of subdivision (a), and who continues to assist with the self-administration of medicines, shall also complete eight hours of in-service training on medication-related issues in each succeeding 12-month period.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on observation, interview, record review, the licensee did not comply with the section cited above due to not having the required amount of medication training for staff, which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 06/10/2026	
Plan of Correction	
1	Administrator will conduct training and provide verification of training to the Dept by POC 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.

NAME OF LICENSING PROGRAM MANAGER:	Alexandria Walton
NAME OF LICENSING PROGRAM ANALYST:	Brianna Miranda
LICENSING PROGRAM ANALYST SIGNATURE:	
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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** SHANTI HOMES 1**FACILITY NUMBER:** 157209562**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 06/03/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87465(c)(2)	
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Incidental Medical and Dental Care Services

(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met: (2) Once ordered by the physician the medication is given according to the physician's directions.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, interview, & record review, the licensee did not comply with the section cited above due to R2's medication not being given properly and was filled August 5, 2025, which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	

POC Due Date: 06/10/2026

Plan of Correction

1	Administrator will follow-up with R2's doctor regarding medication they are no longer taking. Verification of follow-up will be provided to the Dept by POC due date.
2	
3	
4	

	Type B	Section Cited	CCR	87465(c)(3)	
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Incidental Medical and Dental Care Services

(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met: (3) A record of each dose is maintained in the resident's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the resident's response.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, interview, & record review, the licensee did not comply with the section cited due to R2's PRN medications not being logged, which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	

POC Due Date: 06/10/2026

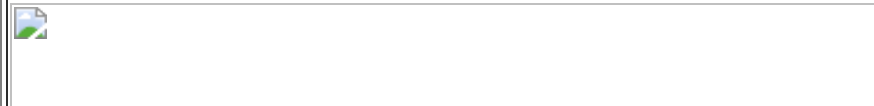
Plan of Correction

1	Administrator will be in-service and follow-up with doctor regarding to PRN. Verification of in-service will be provided to the Dept by POC 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.

NAME OF LICENSING PROGRAM MANAGER:	Alexandria Walton
NAME OF LICENSING PROGRAM ANALYST:	Brianna Miranda
LICENSING PROGRAM ANALYST SIGNATURE:	
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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87506(a)	
Resident Records					
(a) The licensee shall ensure that a separate, complete, and current record is maintained for each resident in the facility or in a central administrative location readily available to facility staff and to licensing agency staff.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above in [count] out of [total count] [(objects) (persons)] [identifiers] which poses/posed a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 06/10/2026				
	Plan of Correction				
1					
2					
3					
4					
	Type B	Section Cited	CCR	87463(h)	

Reappraisals					
(h) The licensee shall request that all residents receive an annual routine visit with a licensed medical professional once every twelve months, either in person or by video appointment.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation, interview, & record review, the licensee did not comply with the section cited due to R1 & R5 not having current physician reports on file, which poses/posed a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 06/10/2026				
	Plan of Correction				
1	Aministrator will have physician reports update and verification will be provided to the Dept by POC 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.

NAME OF LICENSING PROGRAM MANAGER:	Alexandria Walton Brianna Miranda
---------------------------------------	--

NAME OF LICENSING PROGRAM

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/03/2026

LIC809 (FAS) - (06/04)

Page: 10 of 12

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CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 1314 E SHAW AVE
FRESNO, CA 93710

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87618(b)(5)	
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Oxygen Administration - Gas and Liquid

(5) Ensuring that facility staff have knowledge of, and ability in the operation of the oxygen equipment.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, interview, & record review, the licensee did not comply with the section cited above due to not having staff training for R3's oxygen, which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 06/10/2026
	Plan of Correction
1 2 3 4	Administrator will have hospice come out and provide training verification. Verification will be provided to the Dept by POC due date.

	Type B	Section Cited	CCR	87633(b)(4)	
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Hospice Care for Terminally Ill Residents

(b) A current and complete hospice care plan shall be maintained in the facility for each hospice resident and include the following: (4) A description of the licensee's area of responsibility for implementing the plan including, but not limited to, facility staff duties; record keeping; and communication with the hospice agency, resident's physician, and the resident's responsible person(s), if any. This description shall include the type and frequency of the tasks to be performed by the facility.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, & interview, & record review, the licensee did not comply with the section cited above due to facility not having current description for R3's care plan, which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 06/10/2026
	Plan of Correction

1 Administrator will provide needed documentation from hospice and provide verification to the Dept by

2 POC 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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NAME OF LICENSING PROGRAM ANALYST:	Brianna Miranda
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/03/2026

NARRATIVE	
1 LPAs observed the following deficiencies:	
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4	• Food times in fridge and pantry not properly labeled or dated
5	• Oxygen training verification not provided, current hospice care plan not provided
6	• R2 PRN medication was not given or documented properly
7	• LPAs observed R2's medication being stored in additional container and not in original container
8	• Administrator/House manager is not at the facility during normal business hours to operate facility efficiently
9	
10	• Facility does not have "No smoking, oxygen in use" signs
11	• R3 has multiple extension cords plugged into each other
12	• Stove knobs to be on the stove throughout the inspection and hygiene products accessible throughout the facility
13	
14	• R4 is not on hospice and does not have an order for full bed rail
15	
16	• No written notice to the Fire Dept regarding R3's oxygen
17	
18	
19	LPA inspected the interior and the exterior of the facility including the common living spaces, resident bedrooms, bathrooms, medication storage, kitchen, garage, and outdoor area. Bedrooms were clean, properly furnished, with adequate lighting. Facility has perishable and non-perishable food items.
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23	Deficiencies observed were cited during today's inspection per California Code of Regulations, Title 22.
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27	LPA is requesting the following documents: LIC 500 Personnel Report, LIC 308 Designation of Administrative Responsibility, LIC 610-E the Emergency Disaster Plan and copy of current Administrator's Certificate to update the facility file. <i>Listed documents shall be sent to Licensing by June 10, 2026.</i>
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31	
32	TSP was offered, Administrator denied at this time.
	Exit interview conducted and a copy of this report LIC809, LIC809D, and appeal rights were provided to Administrator Sandeep Dhand.

NAME OF LICENSING PROGRAM MANAGER: Alexandria Walton	
NAME OF LICENSING PROGRAM ANALYST: Brianna Miranda	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/03/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/03/2026