

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 019200987
Report Date: 06/08/2026
Date Signed: 06/08/2026 03:18:32 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		OAKLAND ASC, 1515 CLAY STREET, STE. 310	
		OAKLAND, CA 94612	

FACILITY NAME: K & J RESIDENTIAL CARE HOME		FACILITY NUMBER: 019200987	
ADMINISTRATOR/LIANG, KSAI		FACILITY TYPE: 740	
DIRECTOR:			
ADDRESS: 1954 ROSEMARY CT.	STATE: CA	TELEPHONE: (510) 490-1801	
CITY: FREMONT	ZIP CODE: 94539		
CAPACITY: 6	CENSUS: 3	DATE: 06/08/2026	
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	08:45 AM
MET WITH: Warlita Rivac, Co-Administrator		BEGAN: TIME VISIT/INSPECTION	03:35 PM
		COMPLETED:	

NARRATIVE	
1	On 06/08/2026 at 8:45 AM, Licensing Program Analyst (LPA) P. Manalo arrived unannounced to conduct
2	1-Year Annual Required inspection. LPA met with Direct Care Staff, Betty Ali and explained the purpose
3	of the visit. Co-Administrator, Warlia Rivac arrived shortly after.
4	
5	LPA toured facility inside and out including but not limited to bedrooms, bathrooms, kitchen, common
6	area and backyard. The facility consists of 7 total bedrooms which 3 bedrooms are occupied by the
7	residents and 1 bedroom is occupied by staff. All outdoor and indoor passageways are kept free of
8	obstruction. There are no bodies of water observed. A comfortable temperature is maintained at 68
9	degrees Fahrenheit. LPA observed lighting in all rooms is adequate for the comfort and safety of the
10	residents. The hot water temperature in the residents' shared bathroom was measured at 105 degrees
11	Fahrenheit. Residents' bathrooms are equipped with grab bars and non-skid mats. There is a minimum
12	of one week supply of nonperishable and 2-day of perishable foods.
13	
14	Smoke detectors and carbon monoxide detector were in operating condition during visit. Fire
15	extinguisher was last serviced on 06/18/2025. First aid kit was observed to be complete. Emergency
16	disaster drill was last conducted on 06/01/2026.
17	
18	At 10:30 AM, LPA reviewed 3 residents records. At 11:08 AM, LPA reviewed 3 staff records and 3 of 3
19	have current first aid training and associated to the facility. At 1:30 PM, LPA reviewed a sample of
20	resident's medications.
21	
22	Continued to LIC809-C...
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios
NAME OF LICENSING PROGRAM ANALYST: Patricia Manalo

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/08/2026

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 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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Created By: Patricia Manalo On 06/08/2026 at 02:10 PM
Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: K & J RESIDENTIAL CARE HOME

FACILITY NUMBER: 019200987

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/08/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87309(a)	
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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 observations, the licensee did not comply with the section cited above by having multiple items in the house such as disinfectant spray, disinfectant wipes, laundry detergent, Fabuloso, Scrubbing Bubbles Cleaner, etc. accessible to residents in care which poses an immediate health and safety risk to persons in care.
2	
3	
4	
	POC Due Date: 06/09/2026
	Plan of Correction
1	By POC date, the Administrator agrees to self-certify the regulation and locked all the chemicals. Proof of correction will be sent to CCLD.
2	
3	
4	

	Type A	Section Cited	CCR	87465(h)(2)	
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Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, the licensee did not comply with the section cited above by havin multiple medications in the living room, eyedrops in R1's room, and R2's medications in the fridge unlocked and accessible to residents in care which poses an immediate health and safety risk to persons in care.
2	
3	
4	
	POC Due Date: 06/09/2026
	Plan of Correction

1

2

3

4

By POC date, the Administrator agrees to self-certify the regulation and locked all the medications. Proof of correction will be sent to CCLD.

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:	Yvonne Flores-Larios
NAME OF LICENSING PROGRAM ANALYST:	Patricia Manalo
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/08/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87307(a)(2)(B)	
Personal Accommodations and Services					
(a) Living accommodations and grounds shall be related to the facility's function. The facility shall be large enough to provide comfortable living accommodations and privacy for the residents, staff, and others who may reside in the facility. The following provisions shall apply: (2) Resident bedrooms shall be provided which meet, at a minimum, the following requirements: (B) No room commonly used for other purposes shall be used as a sleeping room for any resident. This includes any hall, stairway, unfinished attic, garage, storage area, shed or similar detached building.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observations and interview, the licensee did not comply with the section cited above by having a bed in the living room and staff living in the shed in the backyard which poses a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 06/16/2026				
	Plan of Correction				
1	By POC date, the Administrator agrees to remove the bed in the living room and speak to the licensee about what the plan will be for the shed whether a permit will be obtained or we will remove the staff belongings. Proof of correction will be sent to CCLD by POC date.				
2					
3					
4					
	Type B	Section Cited	CCR	87555(b)(8)	
General Food Service Requirements					

(8) All food shall be of good quality. Commercial foods shall be approved by appropriate federal, state and local authorities. Food in damaged containers shall not be accepted, used or retained.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, licensee did not comply with the section cited above by having rotten onions which posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 06/12/2026
	Plan of Correction
1 2 3 4	Staff threw the onions away during the visit. Deficiency cleared.

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:	Patricia Manalo
LICENSING PROGRAM ANALYST SIGNATURE:	 DATE: 06/08/2026
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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87555(b)(25)	
General Food Service Requirements					
(25) Soaps, detergents, cleaning compounds or similar substances shall be stored in areas separate from food supplies.					
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 by having food items such as cereal, cocoa almond spread, etc. in the same storage cabinet as cleaning chemicals which poses a potential health, safety or personal rights risk to persons in care.				
	POC Due Date: 06/16/2026				
	Plan of Correction				

1 By POC date, the Administrator agrees to separate the food supplies from the chemicals. Proof of
2 correction will be sent to CCLD by POC date.
3
4

	Type B	Section Cited	CCR	87465(a)(4)	
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Incidental Medical and Dental Care Services

(4) The licensee shall assist residents with self-administered medications as needed.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on observation, the licensee did not comply with the section cited above by having the
2 Medication Administration Record (MAR) for May 2026 and June 2026 is not filled out which poses a
3 potential health, safety or personal rights risk to persons in care.
4

POC Due Date: 06/22/2026

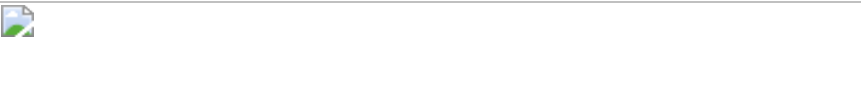
Plan of Correction

1 By POC date, the Administrator agrees to have in-service on medication administration and
2 documentation. Proof of correction will be sent to CCLD.
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 Yvonne Flores-Larios
MANAGER:
NAME OF LICENSING PROGRAM Patricia Manalo
ANALYST:
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 06/08/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	1569.605	
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On and after July 1, 2015, all residential care facilities for the elderly, except those facilities that are an integral part of a continuing care retirement community, shall maintain liability insurance covering injury to residents and guests in the amount of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the total annual aggregate, caused by the negligent acts or omissions to act of, or neglect by, the licensee or its employees.

This requirement is not met as evidenced by:

	Deficient Practice Statement				
1	Based on observation, the licensee did not comply with the section cited above by not having the liability insurance on file and the one present does not show the coverage insurance which poses a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 06/22/2026				
	Plan of Correction				
1	By POC date, the Administrator agrees to obtain the liability insurance and send proof to CCLD.				
2					
3					
4					
		Section Cited			

	Deficient Practice Statement
1	
2	
3	
4	
	POC Due Date:
	Plan of Correction
1	
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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NARRATIVE	
1	Continued from LIC809... Updated copies of the following documents were requested for facility file and are to be submitted to CCL by 06/19/2026: LIC 500 Personnel Report LIC9282 Infection Control Plan <u>THE FOLLOWING DEFICIENCIES WERE OBSERVED DURING VISIT:</u> At 9:19 AM, LPA observed a bed in the living room area. At 9:50 AM, LPA observed multiple medications in the living room, eye drops in R1's room, and R2's
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13	medications in the fridge unlocked and accessible to residents.
14	
15	At 10:08 AM, LPA observed rotten onions in the garage.
16	
17	At 10:10 AM, LPA observed food items such as cereal, cocoa almond spread, etc. in the same storage
18	cabinet as cleaning chemicals.
19	
20	At 10:39 AM, LPA observed a staff room in a shed outside in the backyard filled with a fridge, bed,
21	electricity, etc. Interview with S1 revealed that S1 will sometimes sleep there or inside the facility.
22	
23	At 12:49 PM, record review showed that the facility does not have the liability insurance on file for
24	review.
25	
26	
27	At 1:38 PM, LPA observed that the Medication Administration Record (MAR) for May 2026 and June
28	2026 is not filled out.
29	
30	The Facility was cited from the California Code of Regulations, Title 22 and/or Health and Safety
31	Code Failure to correct deficiencies by POC date may result in additional Civil Penalties.
32	
	Exit interview conducted with Administrator. Appeal Rights, LIC421FC, and a copy of this report provided.

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