

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 019201295

Report Date: 03/14/2025

Date Signed: 03/14/2025 11:25:00 AM

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

FACILITY NAME:	REDWOOD ASSISTED LIVING	FACILITY NUMBER:	019201295
ADMINISTRATOR/TET, DIRECTOR:	SAMUEL ALIN	FACILITY TYPE:	740
ADDRESS:	18785 CARLTON AVENUE	TELEPHONE:	(510) 292-8610
CITY:	CASTRO VALLEY	STATE:	CA
CAPACITY:	6	ZIP CODE:	94546
TYPE OF VISIT:	Required - 1 Year	CENSUS:	2
		DATE:	03/14/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:18 AM
MET WITH:	Samuel Tet, Administrator	TIME VISIT/INSPECTION COMPLETED:	11:35 AM

NARRATIVE

1 On 03/14/2025 at 9:18 AM, Licensing Program Analyst (LPA) Ardalan Gharachorloo arrived
2 unannounced to conduct 1-Year Annual Required inspection. LPA met with Administrator, Samuel Tet
3 and explained the purpose of the visit.
4
5 LPA toured the facility including but not limited to bedrooms, bathrooms, kitchen, common area and
6 backyard. All outdoor and indoor passageways are kept free of obstruction. There are no bodies of
7 water observed. A comfortable temperature is maintained at 71 degrees Fahrenheit. LPA observed
8 lighting in all rooms are adequate for the comfort and safety of the residents. The hot water temperature
9 in the residents' shared bathroom was measured at 109 degrees Fahrenheit. Residents' bathrooms are
10 equipped with grab bars and non-skid mats. There is a minimum of one week supply of non-perishable
11 and 2 day of perishable foods. Centrally stored medication and sharps were locked and inaccessible to
12 residents.
13
14 Smoke detectors and carbon monoxide detectors were in operating condition during visit. Fire
15 extinguisher was last serviced on 03/29/2024. Emergency Disaster Plan was last posted on 02/23/2024.
16 First aid kit was observed to be complete. Emergency disaster drill was last conducted on 03/05/2025.
17
18 At 10:10 AM, LPA reviewed 2 residents records. At 10:26 AM, LPA reviewed 2 staff records. LPA also
19 reviewed a sample of 2 resident's medications.
20
21 The following documents were reviewed during the visit: LIC LIC 500 Personnel Report, LIC 610E
22 Emergency Disaster Plan, Liability Insurance, and Current Administrator's Certificate.
23
24
25
CONTINUE ON 809 C

SUPERVISORS NAME: Yvonne Flores-Larios
LICENSING EVALUATOR NAME: Ardalan Gharachorloo

LICENSING EVALUATOR SIGNATURE:



DATE: 03/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/14/2025

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

LIC809 (FAS) - (06/04)

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OAKLAND, CA 94612

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: REDWOOD ASSISTED LIVING

FACILITY NUMBER: 019201295

VISIT DATE: 03/14/2025

NARRATIVE

1 ***CONTINUE FROM 809C***
2

3 **THE FOLLOWING DEFICIENCY WAS OBSERVED:**
4

5 At 10:35 AM, During the inspection, LPA observed that the First Aid Training and CPR Training were not
6 completed and were not available for 2 staff.
7

8 **The above deficiency was observed (see LIC 809D) and cited from the California Code of**
9 **Regulations. Failure to correct deficiency by POC date may result in additional Civil Penalties.**
10

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13 Exit interview conducted with Administrator. LIC809D, Appeal Rights and a copy of this report provided.
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SUPERVISORS NAME: Yvonne Flores-Larios

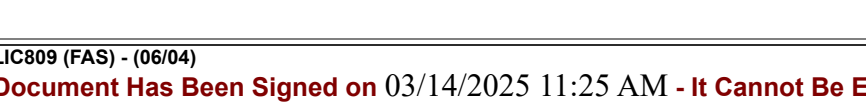
LICENSING EVALUATOR NAME: Ardalan Gharachorloo

LICENSING EVALUATOR SIGNATURE:

DATE: 03/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/14/2025

LIC809 (FAS) - (06/04)

Page: 2 of 3

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Created By: Ardalan Gharachorloo On 03/14/2025 at 10:43 AM

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, 1515 CLAY STREET, STE. 310
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FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: REDWOOD ASSISTED LIVING

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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/14/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.618(c)(3)	
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Other Provisions

(c)The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following: (3) Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on the premises at all times. This paragraph shall not be construed to require staff to provide CPR.

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 in 2 out of 2 persons
2 which poses/posed a potential health, safety or personal rights risk to persons in care.
3
4

POC Due Date: 04/04/2025

Plan of Correction

1 Licensee will submit a proof of training completion and certificate by the POC date.
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4

		Section Cited			
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Deficient Practice Statement


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4

POC Due Date:

Plan of Correction

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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.

SUPERVISOR'S NAME: Yvonne Flores-Larios
LICENSING EVALUATOR NAME: Ardalan Gharachorloo
LICENSING EVALUATOR SIGNATURE:  **DATE:** 03/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE:  **DATE:** 03/14/2025