

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 019201331
Report Date: 08/24/2026
Date Signed: 08/24/2026 02:19:37 PM

Document Has Been Signed on 08/24/2026 02:19 PM - It Cannot Be Edited

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: HOUSE OF PSALMS ASSISTED LIVING FOR SENIORS		FACILITY NUMBER: 019201331	
ADMINISTRATOR/OGUNDELE, BAMIKOLE		FACILITY TYPE: 740	
DIRECTOR:			
ADDRESS: 1525 7TH AVE		TELEPHONE: (925) 208-9250	
CITY: OAKLAND		STATE: CA ZIP CODE: 94606	
CAPACITY: 23		CENSUS: 20 DATE: 08/24/2026	
TYPE OF VISIT: Required - 1 Year		UNANNOUNCEDTIME VISIT/INSPECTION 11:13 AM	
MET WITH: Administrator, Bamikole Ogundele		BEGAN: TIME VISIT/INSPECTION 02:45 PM	
		COMPLETED:	

NARRATIVE	
1	On 08/24/2026 at 11:13 AM, Licensing Program Analyst (LPA) Ardalan Gharachorloo arrived
2	unannounced to conduct 1-Year Annual Required inspection. LPA met with Administrator, Bamikole
3	Ogundele and explained the purpose of the visit.
4	
5	At 11:20 AM, LPA toured the facility including but not limited to 8 residents' rooms, bathrooms, activity
6	room, kitchen, common area and backyard. There are no bodies of water observed. LPA observe
7	lighting in all rooms are adequate for the comfort and safety of the residents. Hallway temperature was
8	maintained at 75 degrees F. The hot water temperature in a residents' shared bathroom was measured
9	at 112.6 degrees Fahrenheit. Residents' bathrooms are equipped with grab bars and non-skid mats.
10	There is a minimum of one week supply of nonperishable and 2-day of perishable foods. Centrally
11	stored medications, sharps and toxic are locked and inaccessible to residents in care.
12	
13	Smoke detectors and carbon monoxide detectors were in operating condition during visit. Fire
14	extinguisher was last serviced on 01/25/2026. Emergency Disaster Plan was last reviewed on 7/01/2026
15	First aid kit was observed to be complete. Emergency disaster drill was last conducted on 07/23/2026.
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19	At 12:55 PM, LPA reviewed 5 residents records and 5 staff records, and all were complete.
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21	At 1:20 PM, LPA also reviewed a sample of 5 resident's medications.
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23	
24	***CONTINUE ON 809C***
25	

DATE: 08/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/24/2026

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

Page: 1 of 3
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.

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

FACILITY NAME: HOUSE OF PSALMS ASSISTED LIVING
FOR SENIORS

FACILITY NUMBER: 019201331

VISIT DATE: 08/24/2026

NARRATIVE	
1	***CONTINUE FROM 809***
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3	The following documents were reviewed by the LPA during visit:Resident Roster, LIC 500 Personnel
4	Report
5	LIC 610E Emergency Disaster Plan, Liability Insurance, and Current Administrator’s Certificate.
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7	No deficiencies cited during inspection.
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9	A copy of this report was provided to the Administrator.
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NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios	
NAME OF LICENSING PROGRAM ANALYST: Ardalan Gharachorloo	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/24/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/24/2026