

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 019201341

Report Date: 03/09/2026

Date Signed: 03/09/2026 02:02:24 PM

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

FACILITY NAME:	ALONDRA CARE HOME	FACILITY NUMBER:	019201341
ADMINISTRATOR/DIRECTOR:	KUPPUSAMY, NIRMALA	FACILITY TYPE:	740
ADDRESS:	1643 101ST AVE	TELEPHONE:	(510) 509-4635
CITY:	OAKLAND	STATE:	CA
CAPACITY:	6	ZIP CODE:	94603
TYPE OF VISIT:	Case Management - Deficiencies	CENSUS:	5
	UNANNOUNCED	DATE:	03/09/2026
	TIME VISIT/INSPECTION	BEGAN:	01:30 PM
MET WITH:	Jezrael Pascual, Administrator	TIME VISIT/INSPECTION	02:18 PM
		COMPLETED:	

NARRATIVE

1 On 3/9/2026 at 1:30PM, Licensing Program Analyst (LPA) G. Luk arrived unannounced to conduct a
2 case management visit. LPA met with Administrator, Jezrael Pascual and explained the purpose for the
3 visit.
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6 While LPA G. Luk was at the facility for a case management visit, the following deficiency was observed.
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10 LPA observed the side gate was locked with a bike lock. Staff removed the lock during inspection. Civil
11 penalty of \$250 is being assessed for a repeat violation.
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14 **The deficiency was observed (see LIC 809D) and cited from the California Code of Regulations,
15 Title 22. Failure to correct deficiency may result in civil penalties.**
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19 Exit interview conducted. A copy of this report, civil penalty, and appeal rights provided.
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NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal

NAME OF LICENSING PROGRAM ANALYST: Grace Luk

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/09/2026

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: Grace Luk On 03/09/2026 at 01:35 PM
Link to Parent Document Below:

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612</p>
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FACILITY NAME: ALONDRA CARE HOME

FACILITY NUMBER: 019201341

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/09/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/10/2026 Section Cited CCR 87468.1(a)(6)	1 Personal Rights of Residents in All 2 Facilities. (a) Residents in all residential 3 care facilities for the elderly shall have 4 all of the following personal rights: (6) 5 To leave or depart the facility at any 6 time and to not be locked into any 7 room, building, or on facility premises by day or night...	1 Staff removed the bike lock during 2 inspection. 3 4 Deficiency cleared. 5 6 7
	8 This requirement is not met as 9 evidence by: Based on observation, 10 licensee did not comply with the section 11 cited above by having the side gate 12 locked which poses an immediate 13 health and safety risk to the persons in 14 care.	8 Civil penalty of \$250 is being assessed 9 for a repeat violation. 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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:	Harpreet Humpal
NAME OF LICENSING PROGRAM ANALYST:	Grace Luk

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/09/2026