

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 019201432
Report Date: 01/31/2025
Date Signed: 01/31/2025 10:34:59 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: LAKE CHABOT CARE HOME	FACILITY NUMBER: 019201432
ADMINISTRATOR/BRAR, NAVRAJ DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 2723 BARLOW DRIVE	TELEPHONE: (510) 876-8404
CITY: CASTRO VALLEY	STATE: CA ZIP CODE: 94546
CAPACITY: 6	CENSUS: 6 DATE: 01/31/2025
TYPE OF VISIT: Prelicensing	UNANNOUNCED TIME VISIT/ INSPECTION 09:20 AM
MET WITH: Administrator, Navraj Brar	BEGAN: TIME VISIT/ INSPECTION 10:55 AM COMPLETED:

NARRATIVE	
1	On 1/31/2025 at 9:20 AM, Licensing Program Analyst (LPA) Ardalan Gharachorloo arrived to conduct
2	pre-licensing inspection. LPA explained to Navraj Brar, Administrator the purpose of the visit. This pre
3	licensing is being conducted due to a change in ownership (CHOW) of the facility.
4	
5	LPA toured facility including but not limited to bedrooms, bathrooms, kitchen, common area and
6	backyard. All outdoor and indoor passageways are kept free of obstruction. A comfortable temperature is
7	maintained at 71 degrees Fahrenheit. LPA observed lighting in all rooms are adequate for the comfort
8	and safety of the residents. The hot water temperature in the residents' shared bathroom was measured
9	at 111 degrees Fahrenheit. Residents' bathrooms are equipped with grab bars and non-skid mats. There
10	is a minimum of one week supply of non-perishable and 2 day of perishable foods. Centrally stored
11	medication and sharps were locked and inaccessible to residents.
12	
13	Smoke detectors and carbon monoxide detectors were in operating condition during visit. Fire
14	extinguisher was last serviced on 01/31/2025. Emergency Disaster Plan was last posted on 09/05/2024.
15	First aid kit was observed to be complete. Emergency disaster drill was last conducted on 12/18/2024.
16	LPA reviewed 5 residents records and 5 staff records; all were complete. LPA also reviewed a sample of
17	resident's medications.
18	
19	No issues noted during inspection. LPA observed that facility is ready to be licensed. This report will be
20	submitted to the Central Applications Unit (CAU) and a final review of the application will be conducted.
21	This facility is not yet licensed, and is subject to final approval by CAU. Additional requirements may still
22	be required.
23	
24	
25	Exit interview conducted and a copy of this report provided.

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Ardalan Gharachorloo

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/31/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/31/2025

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