

FACILITY EVALUATION REPORT

Facility Number: 019201495
Report Date: 03/20/2025
Date Signed: 03/20/2025 02:06:16 PM

Document Has Been Signed on 03/20/2025 02:06 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: LINCOLN VILLA		FACILITY NUMBER:	019201495
ADMINISTRATOR/WU, LULIN		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(510) 656-4373
ADDRESS:	41040 LINCOLN STREET	ZIP CODE:	94538
CITY:	FREMONT	STATE: CA	
CAPACITY:	80	CENSUS:	68
TYPE OF VISIT:	Prelicensing	DATE:	03/20/2025
		UNANNOUNCED TIME VISIT/INSPECTION	09:30 AM
		BEGAN:	
MET WITH:	Wendy Wong and Olive Manalasta	TIME VISIT/INSPECTION	01:13 PM
		COMPLETED:	

NARRATIVE	
1	On 03/20/2025 at 9:30 AM, Licensing Program Analysts (LPAs) P. Manalo and K.Nguyen arrived
2	announced to conduct pre licensing inspection. LPAs met with Licensee/ Applicant, Wendy Wong, Olive
3	Manalasta, and Administrator, Divina Fernadez, and explained the purpose of the visit. This is pre-
4	license for a change of ownership.
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6	LPAs toured facility with Administrator and Licensees/ Applicants including but not limited to a sample of
7	4 residents' bedrooms, 3 bathrooms, kitchen, dining hall, resident lounge, and courtyard. Bathrooms
8	were equipped with grab bars and non-skid mats. Linens and hygiene supplies were observed inside a
9	cabinet. There is sufficient lighting throughout facility. The hot water temperature in a sample of
10	residents' shared bathroom were measured at 110.3 and 109.8 degrees Fahrenheit. First-aid kit was
11	observed to be complete. Smoke detectors and carbon monoxide were operational. Fire extinguishers
12	were last serviced on 08/09/2024. The facility has a working telephone that was verified during the visit.
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14	Prior to licensure, the following shall be corrected and faxed to CCL by 04/10/2025:
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17	• At 10:50 AM, LPA observed the Med cart unlocked, and medications were found in Room #3,
18	Room #15, and Room #31.
19	• At 11:00 AM, LPAs observed that the freezer did not have a thermostat inside.
20	• At 11:05 AM, LPAs observed food not properly stored in containers.
21	• At 11:15 AM, LPAs observed that there is not enough emergency food.
22	• At 11:26 AM, LPAs observed window screens with holes and clutter outside in the courtyard that
23	needs to be removed.
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Continue to LIC809-C...

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Patricia Manalo

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/20/2025

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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CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
OAKLAND ASC, 1515 CLAY STREET, STE. 310
OAKLAND, CA 94612

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: LINCOLN VILLA

FACILITY NUMBER: 019201495

VISIT DATE: 03/20/2025

NARRATIVE

1 Continue from LIC809...

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- At 11:45 AM, LPAs observed that staff did not have emergency flashlights available.

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- At 12:00 PM, LPAs observed Lysol Cleaning wipes in Room #26 and shower grease spray, deep cleaning spray in Room #15.

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- At 12:15 PM, LPAs observed the residents' records were found to be incomplete.

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This facility is not ready to be licensed. The facility will notify LPA after all the corrections have been corrected.

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Exit interview was conducted and a copy of this report was provided to Licensee/applicant.

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NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Patricia Manalo

LICENSING PROGRAM ANALYST SIGNATURE:

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