

Community Care Licensing

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:	
ADDRESS: 41040 LINCOLN STREET	TELEPHONE: (510) 656-4373
CITY: FREMONT	STATE: CA ZIP CODE: 94538
CAPACITY: 80	CENSUS: 68 DATE: 03/20/2025
TYPE OF VISIT: Prelicensing	UNANNOUNCED TIME VISIT/ INSPECTION BEGAN: 09:30 AM
MET WITH: Wendy Wong and Olive Manalasta	TIME VISIT/ INSPECTION COMPLETED: 01:13 PM

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 Fernandez, and explained the purpose of the visit. This is pre-
4	license for a change of ownership.
5	
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.
13	
14	Prior to licensure, the following shall be corrected and faxed to CCL by 04/10/2025:
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16	• At 10:50 AM, LPA observed the Med cart unlocked, and medications were found in Room #3,
17	Room #15, and Room #31.
18	• At 11:00 AM, LPAs observed that the freezer did not have a thermostat inside.
19	• At 11:05 AM, LPAs observed food not properly stored in containers.
20	• At 11:15 AM, LPAs observed that there is not enough emergency food.
21	• At 11:26 AM, LPAs observed window screens with holes and clutter outside in the courtyard that
22	needs to be removed.
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24	
25	

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...

2

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

4 • At 12:00 PM, LPAs observed Lysol Cleaning wipes in Room #26 and shower grease spray, deep

5 cleaning spray in Room #15.

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

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

12 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:

DATE: 03/20/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/20/2025