

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610758

Report Date: 07/16/2025

Date Signed: 07/16/2025 11:53:10 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION N LA & CEN COA AC/SC, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME:	ALLAY GARDENS, INC.	FACILITY NUMBER:	197610758
ADMINISTRATOR/DIRECTOR:	ABDULLAH, MOHUMMED	FACILITY TYPE:	740
ADDRESS:	7262 SUNNYSLOPE DR	TELEPHONE:	(702) 612-6316
CITY:	LANCASTER	STATE:	CA
CAPACITY:	6	ZIP CODE:	93536
TYPE OF VISIT:	Prelicensing	CENSUS:	0
		DATE:	07/16/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:20 AM
MET WITH:	Mohammed Abdullah, Administrator and Shanna Rucker, Licensee	TIME VISIT/INSPECTION COMPLETED:	12:00 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Evelin Rios conducted an announced Pre-Licensing Inspection with
2 the applicant representative, Shanna Rucker and the administrator Mohammed Abdullah. An application
3 to operate a Residential Care Facility for the Elderly (RCFE) was received by Community Care
4 Licensing (CCL) on 01/17/2025. A fire clearance was approved on 04/18/2025 for five (05) non-
5 ambulatory residents and one (01) bedridden resident for a total capacity of six (06). At entry LPA
6 observed appropriate postings and a sign in area for visitors.

7
8 A tour of the physical plant was initiated at approximately 9:30 a.m., and the following was observed:
9

10 **KITCHEN:** The kitchen is equipped with a refrigerator, microwave, stove, two ovens and dishwasher.
11 There is a sufficient supply of seven day non-perishable food items, properly stored. Applicant has a
12 sufficient amount of tableware, dishes and utensils to accommodate the capacity of the facility. Knives
13 and sharps were observed locked in a closet by the kitchen. Centrally stored medication, medication
14 records and first aid kit will be locked in a closet by the kitchen. The fire extinguisher is located by the
15 kitchen and was observed fully charged with purchase date 03/15/2025. Facility is equipped with a
16 functional land line and portable telephone.
17

18 **COMMON AREAS:** The common areas include the two living rooms and dining area. The common
19 areas are furnished with couches, recliners and televisions. There is a fireplace that is properly
20 screened. The dining room table is large enough to sit the capacity of the facility. Floors and furniture
21 were observed to be in good repair.
22
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Eva Miller

NAME OF LICENSING PROGRAM ANALYST: Evelin Rios

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/16/2025

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 Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

<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 N LA & CEN COA AC/SC, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364</p>
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FACILITY NAME: ALLAY GARDENS, INC.

FACILITY NUMBER: 197610758

VISIT DATE: 07/16/2025

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>LAUNDRY: The washer and dryer are located in a locked laundry room. Detergents will be stored in the laundry room.</p> <p>GARAGE: The garage accessible and attached to the house. Cleaning supplies, chemicals and detergents are locked in a cabinet in the garage. LPA observed a staff workstation and resident and staff records will be kept in a locked filling cabinet.</p> <p>BATHROOMS: The facility has three (3) bathrooms. Resident bathrooms were observed to have the proper fixtures, grab bars, and non-skid mats. The hot water temperature was measured in two (02) bathrooms and was within regulation.</p> <p>BEDROOMS: There are four (4) bedrooms. Per STD 850, Bedroom #3 has bedridden fire clearance. Bedrooms #3 and #4 are shared. The applicant furnished the resident bedrooms with beds, night stand, chairs, chest of drawers, and bedding. The bedrooms have sufficient lighting and closet space. Facility windows and screens were observed in good repair.</p> <p>SURROUNDING GROUNDS: The driveway, passageways and entrance to the home was clear of obstruction. All entry and exit doors have a functional auditory alarms when the doors open. The backyard is fenced in and has a patio and appropriate backyard furniture to accommodate six (6) residents. The facility's backyard has sufficient space for outdoor activities. There are no bodies of water.</p> <p>The smoke detectors are hard wired and inter-connected. LPA observed the licensee test one smoke detector and it set off all smoke detectors through out the facility. The facility is equipped with one (01) carbon monoxide detector that was tested and observed to be functioning properly.</p> <p>The applicant representative and administrator completed component III. Pre-Licensing is complete and this facility has no deficiencies. This report will be sent to Centralized Application Bureau (CAB). You will be notified by the CAB Analyst when the license has been approved. Exit interview was conducted. A copy of this report was signed and provided.</p>

NAME OF LICENSING PROGRAM MANAGER: Eva Miller
NAME OF LICENSING PROGRAM ANALYST: Evelin Rios
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 07/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 07/16/2025