

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 216803776
Report Date: 08/27/2026
Date Signed: 08/27/2026 04:43:55 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405	
FACILITY EVALUATION REPORT			
FACILITY NAME: LOVING LONG LIFE		FACILITY NUMBER:	216803776
ADMINISTRATOR/DE VENTURA, ANA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(415) 948-9395
ADDRESS: 57 VALLEJO WAY		ZIP CODE:	94903
CITY: SAN RAFAEL	STATE: CA	DATE:	08/27/2026
CAPACITY: 6	CENSUS: 5	UNANNOUNCED TIME VISIT/	
TYPE OF VISIT: Required - 1 Year		INSPECTION	02:45 PM
		BEGAN:	
MET WITH: Staff Members, June Gallen and Cora Tuviera, and Licensee, Ana De Ventura		TIME VISIT/	
		INSPECTION	04:50 PM
		COMPLETED:	

NARRATIVE

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At approximately 2:45PM, Licensing Program Analyst (LPA) Felias arrived unannounced to conduct a 1-

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Year Required Visit and met with Staff Members, June Gallen Mateo and Cora Tuviera.

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Licensee/Administrator, Ana De Ventura arrived during visit at approximately 3:15PM. Facility serves

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residents with dementia and has a plan of operation for dementia care and programming on file. Facility

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has an approved fire clearance and total capacity for 6 Non-Ambulatory residents. Facility has an

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approved hospice waiver for 3 individuals. Upon arrival, LPA was informed that there were 5 Residents

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in care and 2 staff members on-site.

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LPA reviewed the Facility's Staff Roster and found that all staff on-site were background cleared and

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associated to the facility per regulation. LPA conducted a walk-through of the facility. LPA observed the

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following: Facility is a 1 story building with 6 Resident bedrooms, 3 bathrooms, and common spaces.

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Facility has an staff office located in facility backyard. Facility was found to be clean and at a

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comfortable temperature with all exits free from obstruction. Facility had emergency lighting. Facility has

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an Infection Control plan on file. There was a sufficient supply of both perishable and nonperishable

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foods as required by Title 22 Regulations. There was an appropriate supply of cleaning products, linens,

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hygiene products and paper products available for residents. Mattress pads were in place or available

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for Resident use. Toxins were observed to be stored inaccessible to residents. Bathrooms were

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equipped with necessary grab bars, and non-slip floors/mats were present. Hot water temperatures for

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all facility sinks were found to be within Title 22 regulations of 105F to 120F. Facility's fire extinguishers

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were last inspected July 2026. Facility's emergency disaster plan was last reviewed and updated

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07/14/2026. Facility was observed to have an adequate supply of emergency water in the event they

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had to shelter in place for 72 hours.

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During walkthrough, LPA observed that Staff Member 1 (S1) has been living in the facility garage. Per

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conversation with staff member and Licensee, they live at the facility three days per week. Licensee to

remove staff belongings and submit a new facility sketch and LIC200 for a new fire clearance to convert

the office space in the backyard to a staff room. LPA

Continued on LIC809C

Victoria Bertozzi

Caitlynn Felias



DATE: 08/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/27/2026

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	SANTA ROSA RO, 1450 NEOTOMAS AVENUE,
	STE. 100
	SANTA ROSA, CA 95405

FACILITY NAME: LOVING LONG LIFE

FACILITY NUMBER: 216803776

VISIT DATE: 08/27/2026

NARRATIVE	
1	Continued from LIC809
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3	also observed that Resident 6 (R6) has been sleeping in a recliner chair. LPA spoke with R6, who stated
4	that they do not like sleeping in a bed and prefer sleeping in a recliner. Per R6, they have slept in a
5	recliner for years. LPA discussed with Licensee on submitting exception paperwork to allow R6 to
6	continue sleeping in a recliner instead of having a bed per Title 22 Regulations.
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8	LPA unable to complete annual inspection. Annual continuation visit to be conducted at a later date.
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10	Deficiencies are cited from the California Code of Regulations (CCRs), and/or the Health and
11	Safety Code. Failure to correct the cited deficiencies, on or before the Plan of Correction (POC)
12	due date, may result in a civil penalty assessment.
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14	Exit interview conducted. Copy of report, LIC809D (Deficiency Page), Plan of Corrections, and Appeal
15	Rights discussed and provided to Licensee. Signature on form confirms receipt of documents.
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NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi

NAME OF LICENSING PROGRAM ANALYST: Caitlynn Felias

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/27/2026

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Created By: Caitlynn Felias On 08/27/2026 at 04:15 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
, 1450 NEOTOMAS AVENUE, STE. 100
SANTA ROSA, CA 95405

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: LOVING LONG LIFE

FACILITY NUMBER: 216803776

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/27/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87202(a)	

Fire Clearance

(a) All facilities shall maintain a fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal. Prior to accepting or retaining any of the following types of persons, the applicant or licensee shall notify the licensing agency and obtain an appropriate fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal:

This requirement is not met as evidenced by:

Deficient Practice Statement

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Based on observations and interviews, Licensee did not comply with the section cited above. It was observed that Staff Member 1 (S1) was living in the facility garage 3 days a week. This poses an immediate health, safety or personal rights risk to persons in care.

POC Due Date: 08/28/2026

Plan of Correction

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Licensee to submit the following items: proof that S1's bed and personal items have been removed from garage and to submit a new facility sketch and LIC200 to approve the office space in the backyard for living use. Licensee to submit documents and photos by POC due date of 08/28/2026.

	Section Cited			
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Deficient Practice Statement

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	POC Due Date:
	Plan of Correction
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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: NAME OF LICENSING PROGRAM ANALYST: LICENSING PROGRAM ANALYST SIGNATURE:	Victoria Bertozzi Caitlynn Felias <div>  <div></div> </div>	DATE: 08/27/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:	<div>  <div></div> </div>	DATE: 08/27/2026