

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 270708695
Report Date: 07/08/2026
Date Signed: 07/09/2026 08:41:51 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710	
FACILITY EVALUATION REPORT			
FACILITY NAME: AGAPE OF CARMEL		FACILITY NUMBER:	270708695
ADMINISTRATOR/FICKEWIRTH, MIRIAM DIRECTOR:		FACILITY TYPE:	740
ADDRESS: 25527 FLANDERS DRIVE		TELEPHONE:	(831) 626-1032
CITY: CARMEL	STATE: CA	ZIP CODE:	93923
CAPACITY: 6	CENSUS: 6	DATE:	07/08/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION	09:01 AM
MET WITH: Administrator Miriam Fickewirth		BEGAN: TIME VISIT/ INSPECTION	01:30 PM
		COMPLETED:	

NARRATIVE	
1	On 07/08/2026, Licensing Program Analyst (LPA) V. Gorban arrived unannounced to conduct Required
2	Annual Inspection. LPA met with Administrator (AD) Miriam Fickewirth, certification number 7002605740
3	and expiration date 12/02/2027. LPA conducted facility tour inside and out of facility with staff. Residents
4	observed at the facility after breakfast time.
5	The facility was observed to be at a comfortable temperature of 74 degrees, clean, in good repair, and
6	no passageway obstructions or fire hazards observed. Fire extinguisher was observed with a service
7	date of 04/27/2026. Last fire drill recorded in May 2025
8	Dining area and Kitchen were toured. An adequate supply of perishable and non-perishable food was
9	observed to be properly stored in freezer, refrigerator, and pantry. Food is delivered once a week.
10	The facility is comprised of three level sections; three residents' rooms on the upper level are not
11	licensed by DSS. Main level comprised residents rooms, dining and kitchen. Lower level is three rooms
12	and a laundry . The census during the visit six (6) assisted living residents.
13	LPA toured resident bedrooms. Residents' rooms were toured and observed adequately furnished with
14	bed, dresser, and adequate lighting. Hot water temperature tested at 113 degrees F. LPA observed
15	securely fastened grab bar and non-skid mat in shower area.
16	Medications were stored in a locked medication closet in the kitchen. The first Aid Kit was observed with
17	all required items. LPA toured the laundry room and observed chemicals were stored and locked in for
18	staff use only. The facility courtyard was toured and observed to be free from debris. There was outdoor
19	seating available for the residents. LPA reviewed facility Plan of Operation, Infection Control Plan,
20	Emergency Disaster Plan and number of staff and residents' files requested and reviewed during the
21	inspection visit.
22	Deficiencies cited for incomplete residents and staff records and attached to D-form.
23	
24	Exit interview conducted. Report signed and its copy with appeal rights provided for facility records.
25	

NAME OF LICENSING PROGRAM MANAGER: Shawna Doucette
NAME OF LICENSING PROGRAM ANALYST: Vadim Gorban

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/08/2026

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

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Created By: Vadim Gorban On 07/08/2026 at 01:20 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: AGAPE OF CARMEL

FACILITY NUMBER: 270708695

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/08/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.625(b)(2)	
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Other Provisions

(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, staff interview and record review, the licensee did not comply with the section cited above in three out of three staff records reviewed missing annual education / training, which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 07/17/2026
	Plan of Correction
1 2 3 4	Licensee agrees to provide completed records of staff training by POC due date to LPA by email

	Type B	Section Cited	CCR	87506(b)(10)	
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Resident Records

(b) Each resident's record shall contain at least the following information: (10) Reports of the medical assessment specified in Section 87458 Medical Assessment, and of any special problems or precautions.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, interview, and record review, the licensee did not comply with the section cited above in one out of three resident records missing medical assessment, which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 07/17/2026
	Plan of Correction
1 2	Licensee agrees to provide updated resident medical assessment records by POC due date to LPA by email

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 Shawna Doucette
MANAGER:

NAME OF LICENSING PROGRAM Vadim Gorban
ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/08/2026