

Department of

# SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 275201863

Report Date: 09/16/2025

Date Signed: 09/16/2025 03:05:27 PM

**Document Has Been Signed on 09/16/2025 03:05 PM - It Cannot Be Edited**

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: ANJELICA'S VILLA	FACILITY NUMBER: 275201863
ADMINISTRATOR/DIRECTOR: NERISSA RAMOS	FACILITY TYPE: 740
ADDRESS: 555 FRANCIS AVE	TELEPHONE: (831) 899-2644
CITY: SEASIDE	STATE: CA
CAPACITY: 40	ZIP CODE: 93955
TYPE OF VISIT: Required - 1 Year	CENSUS: 16
	DATE: 09/16/2025
	UNANNOUNCED TIME VISIT/INSPECTION BEGAN: 09:15 AM
MET WITH: Ram Bangalore, Administrator	TIME VISIT/INSPECTION COMPLETED: 03:15 PM

### NARRATIVE

1 On 09/16/2025 Licensing Program Analyst (LPA) Daiquiri Boyd arrived unannounced at the facility to  
2 conduct an Annual Inspection. LPA introduced herself and explained the reason for the visit. LPA met  
3 with Administrator (AD) Ram Bangalore. Administrator certificate is current.  
4  
5 LPA toured the facility inside and out including entry, kitchen, dining, living room, bedrooms, bathrooms,  
6 and exterior. LPA observed the facility to be at a comfortable temperature, clean and odor free. LPA did  
7 not observe obstructions of fire exits or fire hazards. Common areas were properly furnished and well-lit  
8 throughout. Department phone number and infection prevention information signs were posted thought  
9 the facility.  
10  
11 Facility capacity is 40, with a current census of 16. Residents do not share bedrooms. Fire extinguishers  
12 have been serviced as of 08/16/2024 and are in good standing with charge. Water temperature was  
13 checked in the bathroom used for bathing the residents and read at 105 degrees Fahrenheit. LPA  
14 discussed the delay time for the water to get hot. AD showed LPA Boyd the instant hot water tank on the  
15 premises that he just had installed. AD stated that the plumbers that installed the system explained there  
16 is a problem with the water mixing hot and cold and they are to come back to address this issue further.  
17 LPA Boyd took pictures of the current progress of the instant water tank.  
18  
19 LPA observed the required 7-day supply of non-perishable food and 2-day supply of perishables food  
20 items to be properly stored. The facility cook explained that the food is delivered daily so there is always  
21 fresh food available. Knives & cleaning supplies were observed to be locked and inaccessible to  
22 residents.  
23  
24 LPA reviewed 6 staff files which are current and training is up to date. LPA reviewed 6 resident files.  
25

**NAME OF LICENSING PROGRAM MANAGER:** Sergiy Pidgirny

**NAME OF LICENSING PROGRAM ANALYST:** Daiquiri Boyd

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 09/16/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 09/16/2025

**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.

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

**FACILITY NAME:** ANJELICA'S VILLA

**FACILITY NUMBER:** 275201863

**VISIT DATE:** 09/16/2025

<b>NARRATIVE</b>	
1	Facility serves dementia clients and LPA found that all auditory alarms were working properly during this
2	visit.
3	
4	Centrally stored medications were observed during this visit. LPA reviewed a random sample of client
5	medications, including the Centrally Stored Log and the Medication Administration Record (MAR).
6	Medications were logged correctly and dispensed correctly. All dates for medications matched across
7	record logs for date started and date received. The MAR showed that residents were receiving
8	medications 3 x day, but the pills were popped on one sheet instead of sheets indicated for AM, PM, etc.
9	LPA conducted a pill count and found all medications were properly dispensed in the correct quantity
10	and on time.
11	LPA, with AD discussed with staff Sonia Sab, best practices for medication tracking.
12	
13	No deficiencies were issued on this day.
14	
15	Facility to provide the following documents to Licensing by 09/30/2025: LIC500, Proof of
16	Insurance/Surety Bond
17	
18	
19	A copy of this report was left with AD whose signature confirms receipt.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Sergiy Pidgirny	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Daiquiri Boyd	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 09/16/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 09/16/2025
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