

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 275202569
Report Date: 07/24/2025
Date Signed: 08/01/2025 10:08:46 AM

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

FACILITY NAME: MADONNA GARDENS	FACILITY NUMBER: 275202569
ADMINISTRATOR/TYLER BRANES DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 1335 BYRON DR	TELEPHONE: (831) 758-0931
CITY: SALINAS	STATE: CA ZIP CODE: 93901
CAPACITY: 88	CENSUS: 63 DATE: 07/24/2025
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION 09:30 AM
MET WITH: Administrator, Jennifer Vasquez	BEGAN: TIME VISIT/ INSPECTION 07:00 PM COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) Sarah Hurt conducted an unannounced visit today for the facility's
2	annual inspection. LPA met with facility Administrator Jennifer Vasquez, Continual Administrator's
3	Certification expires 07/24/2025. Application to renew Jennifer Vasquez's Administrators certificate was
4	received by Community Care licensing Administration Certificate Bureau on 06/17/2025. There are
5	currently 63 residents who reside at this home and there is 3 residents on hospice at this time. LPA
6	inspected the interior and the exterior of the facility including the common living spaces, resident
7	bedrooms and bathrooms, activity rooms, medication storage, kitchen, and outdoor areas. Bedrooms
8	were clean and in good repair. There is a locked storage for medications. Food supply is adequate for 2-
9	day perishable and 7-day nonperishable.
10	
11	LPA reviewed the facilities Infection control plan, Emergency Disaster plan, Plan of Operation. LPA
12	reviewed a sample of staff and resident files.
13	
14	Fire extinguisher is within the safety regulation period. Smoke alarms were tested and are operational.
15	The home has a carbon monoxide detector and performs disaster drills as required. First Aid kit is on
16	site and complete. Toxins and cleaning supplies are locked and inaccessible.
17	
18	LPA observed Resident 1's bedroom did not have required sign indicating Oxygen in use. LPA observed
19	several bedroom showers without non slip flooring mat. LPA observed Resident 2 does not have
20	required bedroom furnishings (dresser.) Water temperature in Room 107 measured 123 degrees.
21	Resident 3 and Resident 4 do not current hospice care plans. Resident 5's medication count was off by
22	2, and Resident 3 was given one extra dose of medication on 07/16/2025.
23	
24	
25	The following deficiencies observed or cited during today's inspection per California Code of Regulations, Title 22.

LPA requested the following documents: LIC 500 Personnel Report, LIC 308 Designation of Administrative Responsibility, LIC 610-E the Emergency Disaster Plan and copy of current Administrator's Certificate to update the facility file. Listed documents shall be sent to Licensing.

Exit interview conducted with Administrator Jennifer Vasquez, and copy of report left at facility

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan

NAME OF LICENSING PROGRAM ANALYST: Sarah Hurt

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/24/2025

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

LIC809 (FAS) - (09/23)

Page: 2 of 8

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Created By: Sarah Hurt On 07/24/2025 at 05:49 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , CA
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FACILITY NAME: MADONNA GARDENS

FACILITY NUMBER: 275202569

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/24/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87303(e)(2)	
(e) Water supplies and plumbing fixtures shall be maintained as follows: (2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C). This requirement is not met as evidenced by:					
Deficient Practice Statement					
1	Based on observation, the licensee did not comply with the section cited above in LPA observed water				
2	temperature in room 107 measured 123 degrees, which poses/posed a potential health, safety or				
3	personal rights risk to persons in care.				
4					
POC Due Date: 08/07/2025					
Plan of Correction					
1	Administrator will audit facility resident bathroom water temperatures and ensure temperatures including				
2	in room 107 are between 105 and 120, and send proof to LPA by POC date of 08/07/2025.				
3					
4					

	Type B	Section Cited	CCR	87465(a)(4)	
87465 Incidental Medical and Dental Care (a) A plan for incidental medical and dental care shall be developed by each facility. The plan shall encourage routine medical and dental care and provide for assistance in obtaining such care, by compliance with the following: (4) The licensee shall assist residents with self-administered medications as needed. This requirement is not met as evidenced by:					
Deficient Practice Statement					

1	Based on observation, record review the licensee did not comply with the section cited above in Resident 5's medication count is off by 2 doses, Resident 3 was given an extra dose of a medication on 07/16/2025, which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 08/07/2025	
Plan of Correction	
1	Administrator will provide training to facility medication technicians on medication administration and submit proof to LPA by POC date of 08/07/2025.
2	
3	
4	

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:	Stephenie Doub
NAME OF LICENSING PROGRAM ANALYST:	Sarah Hurt
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/24/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/24/2025