

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 275202689
Report Date: 03/25/2026
Date Signed: 03/25/2026 04:54:45 PM

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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: SONGBIRD IN THE COUNTRY		FACILITY NUMBER:	275202689
ADMINISTRATOR/MAZERIK, BETH DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	15961 TORO HILLS AVENUE	TELEPHONE:	(831) 998-8708
CITY:	SALINAS	STATE: CA	ZIP CODE: 93908
CAPACITY: 12		CENSUS: 7	DATE: 03/25/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	01:00 PM
MET WITH:	Resident Care Coordinator, Jaquita Pinkard	BEGAN: TIME VISIT/INSPECTION	05:15 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analysts (LPA) Sarah Hurt conducted an unannounced visit today for the facility's
2	annual inspection. LPA met with Resident Care Coordinator Jaquita Pinkard, Continual Administrator's
3	Certification expires 11/13/2027. There are currently 7 residents who reside at this home and there is 1
4	resident on hospice at this time. LPA inspected the interior and the exterior of the facility including the
5	common living spaces, resident bedrooms and bathrooms, activity rooms, medication storage, kitchen,
6	and outdoor areas. Bedrooms were clean and in good repair. There is a locked storage for medications.
7	Food supply is adequate for 2-day perishable and 7-day nonperishable.
8	
9	Fire extinguisher is within the safety regulation period. Smoke alarms were tested and are operational.
10	The home has a carbon monoxide detector and performs disaster drills as required. Water temperature
11	was tested at 110 degrees. First Aid kit is on site and complete. Toxins and cleaning supplies are locked
12	and inaccessible.
13	
14	Staff 1 and staff 2 do not have required Health screening. Staff 3 does not have required annual
15	dementia training. Staff 4 does not have required CPR/First aid training. The facility does not have Plan
16	of Operation available to review.
17	
18	The following deficiencies observed or cited during today's inspection per California Code of
19	Regulations, Title 22.
20	
21	LPA requested the following documents: LIC 500 Personnel Report, LIC 308 Designation of
22	Administrative Responsibility, LIC 610-E the Emergency Disaster Plan and copy of current
23	Administrator's Certificate to update the facility file. <i>Listed documents shall be sent to Licensing.</i>
24	
25	Exit interview conducted with Resident Care Coordinator, Jaquita Pinkard and copy of report left at
	facility

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan
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NAME OF LICENSING PROGRAM ANALYST: Sarah Hurt
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/25/2026

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

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: Sarah Hurt On 03/25/2026 at 04:35 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: SONGBIRD IN THE COUNTRY

FACILITY NUMBER: 275202689

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/25/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.618(c)(3)	
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Other Provisions

(c)The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following: (3) Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on the premises at all times. This paragraph shall not be construed to require staff to provide CPR.	
This requirement is not met as evidenced by:	

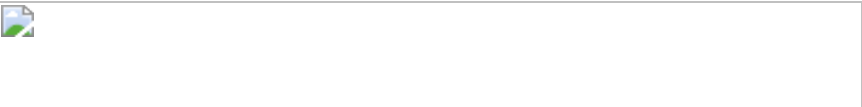
	Deficient Practice Statement
1 2 3 4	Based on record review], the licensee did not comply with the section cited above in Staff 4 does not have required CPR'First aid training, which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 04/09/2026
	Plan of Correction
1 2 3 4	Administrator will submit Staff 1's CPR/First aid training for review by POC date of 04/09/2026.

		Section Cited			
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	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 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.

Brenda Chan

NAME OF LICENSING PROGRAM	
MANAGER:	Sarah Hurt
NAME OF LICENSING PROGRAM	
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/25/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 03/25/2026