

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 275294182
Report Date: 06/23/2026
Date Signed: 06/30/2026 04:48:29 PM

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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: DRAKE HOUSE		FACILITY NUMBER:	275294182
ADMINISTRATOR/JULIE HUYNH DIRECTOR:		FACILITY TYPE:	740
ADDRESS: 399 DRAKE AVENUE		TELEPHONE:	(831) 643-9069
CITY: MONTEREY	STATE: CA	ZIP CODE:	93940
CAPACITY: 55	CENSUS: 50	DATE:	06/23/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	09:07 AM
MET WITH: Administrator Julie Huynh		BEGAN: TIME VISIT/INSPECTION	02:45 PM
		COMPLETED:	

NARRATIVE	
1	On 06/23/2026, Licensing Program Analyst (LPA) V Gorban arrived at the facility unannounced to
2	conduct Required Annual Inspection. LPA met with Administrator (AD) Julie Huynh and stated the
3	purpose of the visit.
4	LPA conducted tour inside and out of facility with AD. Residents observed at the facility after breakfast
5	time.
6	The facility, two story building with 28 rooms, was observed to be at a comfortable temperature of 74
7	degrees, clean, in good repair, and no passageway obstructions or fire hazards observed. Fire
8	extinguisher was observed with a service date of 03/02/2026. Last fire drill recorded 05/06/2026
9	Dining area and Kitchen were toured. An adequate supply of perishable and non-perishable food was
10	observed to be properly stored in freezer, refrigerator, and pantry. Food is delivered by Performance
11	Foods twice a week on Mondays and Thursdays. Refrigerator temperature was maintained at 35.0-
12	degree F. and freezer was maintained at -3-degree F.
13	Residents' double occupancy rooms were toured and observed with adequately furnished with bed,
14	dresser, and adequate lighting. Hot water temperature tested and within regulation requirements. LPA
15	observed securely fastened grab bar and non-skid mat in all 6 (six) shower/washing areas.
16	On upper level medications were stored in a locked in medication cart. Medications records documented
17	by hand and facility kept hard copies. First Aid Kit was stored in medication room and observed with all
18	required items.
19	Downstairs facility laundry room with stored and locked chemicals for staff use and is accessible to
20	facility staff only.
21	Facility courtyard was toured and observed to be free from debris. There was outdoor seating available
22	for the residents. The facility operational telephone number is 831-643-9069
23	
24	Report continues on attached LIC 809-C
25	

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

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/23/2026

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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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: DRAKE HOUSE	FACILITY NUMBER: 275294182
	VISIT DATE: 06/23/2026

NARRATIVE	
1	Residents and staff files were requested and reviewed.
2	LPA observed the facility Plan of Operations, Emergency Disaster Plan, and Infection Control Plan is
3	accessible when asked.
4	Community Care Licensing (CCL) is always striving to have facility files that reflect the most accurate &
5	up to date information for your facility. In an effort to maintain your facility file, please submit the most
6	current & complete forms &/or information as identified below:
7	
8	<u>Residential Care Facility for the Elderly (RCFE):</u>
9	
10	
11	• <u>LIC 500 Personnel Report</u>
12	• <u>LIC 610E Emergency Disaster Plan For Residential Care Facilities For The Elderly</u>
13	• <u>LIC 9020 Register of Facility Clients/Residents</u>
14	
15	
16	
17	Please submit the above forms/information to Fresno CCL by: 07/07/2026
18	
19	As an operator of a Community Care Licensed facility it is your responsibility to be aware of and in
20	compliance with all regulations, including Chaptered Legislation. Go to www.cclcd.ca.gov to stay updated
21	and informed.
22	
23	
24	
25	No deficiencies issued during this inspection. An exit interview was conducted with the AD.
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27	A copy of this report was given to the AD, whose signature on this form confirm receipt of these reports.
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31	
32	

NAME OF LICENSING PROGRAM MANAGER: Shawna Doucette	
NAME OF LICENSING PROGRAM ANALYST: Vadim Gorban	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/23/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/23/2026