

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005599
Report Date: 05/20/2026
Date Signed: 05/20/2026 03:50:43 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME:	A1 ELDER CARE	FACILITY NUMBER:	306005599
ADMINISTRATOR/SHAH, BINDI		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	2538 E LARKSTONE DRIVE #A	TELEPHONE:	(949) 929-5318
CITY:	ORANGE	STATE:	CA
CAPACITY:	6	ZIP CODE:	92869
TYPE OF VISIT:	Required - 1 Year	CENSUS:	6
		DATE:	05/20/2026
		UNANNOUNCED TIME VISIT/	
		INSPECTION	12:46 PM
		BEGAN:	
MET WITH:	Arlene Molina-Caregiver, Jay Shah-Licensee, Bindi Shah-Administrator	TIME VISIT/	
		INSPECTION	04:05 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Alvaro Ramirez, Jr. conducted an unannounced visit for the Required
2	1 Year Inspection. LPA explained the purpose of today's visit, and was greeted and granted entry by
3	Caregiver Arlene Molina. Administrator (AD) Bindi Shah arrived during the visit.
4	
5	For today's visit, LPA observed a total of six residents in care and two staff members on duty.
6	
7	LPA observed the Administrator's Certificate for facility AD Bindi Shah which expires on June 27, 2027.
8	
9	The facility is a Residential Care Facility for the Elderly (RCFE) licensed for six non-ambulatory
10	residents and has a hospice waiver for four. The facility is a two story home with five resident bedrooms,
11	one of which is shared, three resident bathrooms, a living room, a dining room, a kitchen, and an
12	attached two car garage. There is one bedroom and two bathrooms for staff use on the second floor.
13	LPA Ramirez toured each bedroom in the facility and observed that bedrooms were provided with
14	furniture in good repair, clean linens, adequate storage space, and kept free of tripping hazards. Three
15	residents are currently using half-rails for postural support. Appropriate physician orders on file for the
16	three residents. Smoke and carbon monoxide detectors and auditory exit alarms were tested and
17	operational. Restrooms were observed to be in good repair, toilets were operational, and grab bars and
18	non-skid floor mats were provided. Water temperature tested between 110.9-117.8 degrees Fahrenheit.
19	
20	CONTINUED ON LIC809-C...
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NAME OF LICENSING PROGRAM MANAGER:	Sheila Santos
NAME OF LICENSING PROGRAM ANALYST:	Alvaro Ramirez Jr.

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/20/2026

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: A1 ELDER CARE	FACILITY NUMBER: 306005599
	VISIT DATE: 05/20/2026

NARRATIVE	
1	LPA Ramirez observed the emergency disaster and evacuation plan, which is posted by the entryway.
2	Licensee was advised to use the updated Emergency Distaste Plan form (LIC610E) dated December
3	2025. Facility had back-up emergency food and water supply. LPA observed that the First Aid Kit had all
4	the required components. LPA observed that medications and toxins were locked and inaccessible to
5	residents in care. Medications are locked in a cabinet by the living room hallway.
6	
7	There are no bedridden residents present on the premises.
8	
9	For the exterior portion, LPA Ramirez observed a shaded patio area with furniture, and the grounds
10	were free of any hazards. There are 2 gates in the backyard, which both are self-closing and self-
11	latching. LPA observed a pool which fenced by a 5 feet height metal fence.
12	
13	LPA reviewed six resident files and three staff files. LPA interviewed residents and staff present.
14	
15	For today's visit no deficiencies were issued per Title 22 Division 6 of the California Code of
16	Regulations.
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18	An exit interview was conducted with AD Shah.
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20	A copy of this report was provided at the time of exit.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos	
NAME OF LICENSING PROGRAM ANALYST: Alvaro Ramirez Jr.	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 05/20/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/20/2026