

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006635
Report Date: 01/29/2026
Date Signed: 01/29/2026 12:46:32 PM

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

FACILITY NAME:	ADAMS FAMILY HOMES	FACILITY NUMBER:	306006635
ADMINISTRATOR/ADAMS, THOMAS G		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	418 SHOSHONI AVE	TELEPHONE:	(714) 702-0656
CITY:	PLACENTIA	STATE: CA	ZIP CODE: 92870
CAPACITY: 6		CENSUS: 3	DATE: 01/29/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	11:00 AM
MET WITH:	Alfredo "Freddy" Gambol	BEGAN: TIME VISIT/INSPECTION	01:00 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Claudia Gutierrez made an unannounced visit for the purpose of conducting a Required/Annual Inspection. LPA was greeted and granted entry by Staff Freddy Gambol and the purpose of the inspection was discussed.
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5	During the inspection, LPA and Staff Gambol conducted a tour of the inside and outside of the facility, common areas, resident rooms, kitchen, garage and observed the following:
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9	This is a one-story home with three resident bedrooms, one staff bedroom, two bathrooms, and attached two-car garage. All resident bedrooms had the required furnishings. LPA observed all resident beds had linens and blankets. LPA observed all windows were screened. The backyard has a shaded sitting area. LPA observed residents resting in their respective bedrooms. Bathrooms were observed to be free of debris and mildew, and faucets and toilets were operational. Water temperature tested between 108.5 - 112.8 degrees Fahrenheit. LPA observed the facility has a 2-day supply of perishables and a 7-day supply of non-perishable food as required by regulations. Smoke detectors and carbon monoxide detectors tested operational. Fire extinguisher was observed to be fully charged. Gas stove, microwave, washer, and dryer were all inspected and observed to be operable. Toxic chemicals, cleaning solutions, and disinfectants were observed to be inaccessible to residents. Medication was observed to be centrally stored and locked. LPA reviewed three resident files. One of three resident files did not have a medical assessment signed by a licensed medical professional acting within the scope of their practice and made within the last year; a Deficiency was cited on today's date. Two of three resident files did not include results of examination for TB; a Deficiency was cited on today's date. (Cont. LIC809-C)
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NAME OF LICENSING PROGRAM MANAGER:	Armando J Lucero
NAME OF LICENSING PROGRAM ANALYST:	Claudia Gutierrez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/29/2026

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 III, 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: Claudia Gutierrez On 01/29/2026 at 12:19 PM
Link to Parent Document Below:

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

FACILITY NAME: ADAMS FAMILY HOMES	FACILITY NUMBER: 306006635
DEFICIENCY INFORMATION FOR THIS PAGE:	VISIT DATE: 01/29/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87458(a)	
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Medical Assessment

(a) Prior to a person's acceptance as a resident, the licensee shall obtain documentation of a medical assessment, signed by a licensed medical professional acting within the scope of their practice and made within the last year, to be kept in the resident's record.	
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 one of three resident files, which poses an immediate health, safety, and personal rights risk to persons in care.
	POC Due Date: 01/30/2026
	Plan of Correction
1 2 3 4	Staff Gambol stated resident's medical assessment will be signed by a licensed medical professional acting within the scope of their practice and, will be kept in the resident's record and a copy provided to LPA via email by POC date.

		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.

NAME OF LICENSING PROGRAM MANAGER:	Armando J Lucero Claudia Gutierrez
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DATE: 01/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/29/2026

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Created By: Claudia Gutierrez On 01/29/2026 at 12:19 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

FACILITY NAME: ADAMS FAMILY HOMES

FACILITY NUMBER: 306006635

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/29/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.625(b)(2)	
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Other Provisions

(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on record review, the licensee did not comply with the section cited above as staff files did not
2 contain any documentation of staff training conducted in the past year, which poses a potential health,
3 safety, and personal rights risk to persons in care.
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POC Due Date: 02/27/2026

Plan of Correction

1 Staff Gambol stated staff training will be completed a copy provided to LPA via email by POC date.
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	Type B	Section Cited	CCR	87458(c)(1)(A)	
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Medical Assessment

(c) The medical assessment shall include, but not be limited to: (1) A physical examination of the resident indicating the licensed medical professional's diagnosis or diagnoses and results of an examination for all of the following: (A) Communicable tuberculosis.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on record review, the licensee did not comply with the section cited above in two of three resident
2 files which poses a potential health and personal rights risk to persons in care.
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POC Due Date: 02/27/2026	
Plan of Correction	
1	Staff Gamobl stated TB test results for the residents will be obtained and a copy provided to LPA via email by POC date.
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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:	Armando J Lucero
NAME OF LICENSING PROGRAM ANALYST:	Claudia Gutierrez
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/29/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 01/29/2026

NARRATIVE	
1	Staff files did not contain any documentation of staff training conducted in the past year; a Deficiency was cited on today's date. Based on the observations made during today's inspection, deficiencies are being cited per Title 22 Division 6 of the California Code of Regulations. An exit interview was conducted, and a copy of this report and appeal rights was left at the facility.
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NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero	
NAME OF LICENSING PROGRAM ANALYST: Claudia Gutierrez	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/29/2026
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