

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 315920182
Report Date: 03/05/2025
Date Signed: 03/05/2025 04:32:36 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
FACILITY EVALUATION REPORT	

FACILITY NAME:	AGAPE VILLA CARE HOME	FACILITY NUMBER:	315920182
ADMINISTRATOR/DHALIWAL, HARDEEP		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(916) 771-6941
ADDRESS:	3594 OLD COUNTRY CT	STATE: CA	ZIP CODE: 95661
CITY:	ROSEVILLE	CENSUS: 4	DATE: 03/05/2025
CAPACITY: 6		UNANNOUNCED TIME VISIT/INSPECTION	01:30 PM
TYPE OF VISIT: Prelicensing		BEGAN:	
MET WITH: Joanna (Jo) Nebeker and Hardeep Dhaliwal		TIME VISIT/INSPECTION	04:30 PM
		COMPLETED:	

NARRATIVE	
1	On 3/5/2025 LPA Tryon visited the facility to do a pre-licensing visit. LPA met with applicant Hardeep
2	Dhaliwal and Administrator Joanna Nebeker. The application is for a change of ownership, and there are
3	currently 4 residents living at the facility.
4	
5	LPA toured the facility with applicant and Administrator including common areas, kitchen, dining areas,
6	bedrooms, bathrooms, hallways, laundry room, garage, medication storage, food storage, and yard. The
7	facility is very spacious, well-kept and nicely decorated. Bedrooms are spacious with required
8	furnishings. There are 6 private bedrooms, 6 bathrooms. Food supplies are appropriate for 7 days
9	perishable and 2 days non-perishable. Food was fresh and varied. Kitchen was well-equipped and
10	clean. There is a fireplace but it is covered; and is turned off (gas fireplace). Kitchen stove is made
11	inaccessible to residents. Sharp items, etc are locked. Cleaners/chemicals are locked. Medications are
12	centrally stored and locked. The house is very organized and neat. Combination smoke detector/carbon
13	monoxide detectors are installed. Fire extinguisher present and charged. First Aid supplies present and
14	appropriate, first aid manual present. Facility maintains records for residents including required
15	documents; and staff files. Appropriate documents are posted including personal rights, contact
16	information for CCL, Ombudsman, etc.
17	There is an in-ground swimming pool in the back yard, which has a tall iron fence and locked gates.
18	
19	LPA reviewed the Pre-licensing Care Tool with Applicant and Administrator.
20	
21	LPA also reviewed the RCFE Orientation Component III with Applicant and Administrator. At this point
22	the Orientation has been completed.
23	
24	
25	At this time the facility appears to be in substantial compliance with the regulations. No deficiencies
	were cited.

NAME OF LICENSING PROGRAM MANAGER: Troy Ordonez
NAME OF LICENSING PROGRAM ANALYST: Todd Tryon
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 03/05/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 03/05/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.