

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 342700767
Report Date: 05/22/2026
Date Signed: 05/22/2026 12:54:15 PM

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

FACILITY NAME:	ALLTRUE CARE LLC	FACILITY NUMBER:	342700767
ADMINISTRATOR/KACHAN, VICTORIA DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	9977 WYLAND DRIVE	TELEPHONE:	(530) 215-8388
CITY:	ELK GROVE	STATE: CA	ZIP CODE: 95624
CAPACITY: 6		CENSUS: 6	DATE: 05/22/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	09:45 AM
MET WITH:	Victoria Kachan	BEGAN: TIME VISIT/ INSPECTION	01:30 PM
		COMPLETED:	

NARRATIVE	
1	On 05/22/2026, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to this facility to conduct an annual visit. LPA Pascua met with Facility Designated Administrator (FDA), Victoria Kachan and explained the purpose of the visit. The purpose of the visit was to conduct an annual visit. Current census was 6. A brief interview with FDA Kachan was conducted. This facility is licensed to serve and retain 6 elderly residents. This facility has a dementia plan on file and a hospice waiver for 6. Bedrooms #1&3 may only have non-ambulatory residents. Bedrooms #2,4,5, and 6 may have bedridden residents. Bedroom #7 is for staff use only. It was learned that the facility has 1 resident on receiving hospice services. LPA Pascua reviewed 6 resident files and 6 staff files. All files were complete and up to date. FDA Kachan has an active administrator certificate #7016512740 and expires on 08/05/2026. The facility has conducted a fire drill and disaster training on 04/20/2026. A tour of the facility was conducted. A tour of the facility was conducted. Fire extinguisher located by the kitchen appeared to have been serviced by the local fire extinguisher company, Cinta, on 02/10/2026 and is in compliance. The kitchen area was toured. LPA Pascua observed a sufficient seven days of non-perishable as well as two days worth of perishable food supplies in the main kitchen. Additional perishable supplies were identified in an additional refrigerator located in the garage. Knives and additional cleaning supplies were locked and made inaccessible to the residents at this time.
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NAME OF LICENSING PROGRAM MANAGER: Lisa Rios
NAME OF LICENSING PROGRAM ANALYST: Arielle Pascua

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/22/2026

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: ALLTRUE CARE LLC	FACILITY NUMBER: 342700767
	VISIT DATE: 05/22/2026

NARRATIVE	
1	LPA Pascua observed a locked centralized stored medication cabinet. Along with Administrator, the LPA
2	observed, reviewed, and compared resident medication with the medication dispensing logs. First Aid
3	Kit was present and contained all of the required components.
4	Common areas were toured. Living room, dining area and all other areas intended for resident use were
5	in compliance and good repair.
6	A tour of the garage was conducted. Additional storage for supplies were stored in cabinets. A washer
7	and dryer were also identified in the garage. Laundry detergent, bleach, and all other cleaning supplies
8	were observed to be locked and made inaccessible to the residents at this time.
9	A tour of the bathrooms was conducted. Hot water temperature was measured and observed to be
10	within the required range of 105-120 degrees. Grab bars were present and in good repair.
11	A tour of the resident bedrooms was conducted. Resident furniture was observed to be sufficient to meet
12	the resident needs at this time.
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14	A linen closet was located in the hallway and presented a sufficient amount of linens to adequately
15	supply and meet the needs of the residents at this time. Additional incontinence supplies were also
16	identified.
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18	The exterior of the physical plant was in good repair with no hazards present. Perimeter fence was
19	observed to be stable and gates were in good repair.
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21	The following forms and documents were requested to be updated and submitted into CCL.
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23	-LIC 308
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25	-LIC 400
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27	-LIC 500
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29	-LIC 610
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31	Based on the observations made during today's visit, there are no deficiencies were observed or cited
32	during this annual visit.
	An exit interview was conducted and a copy of this report was given to Facility Designated Administrator.

NAME OF LICENSING PROGRAM MANAGER: Lisa Rios	
NAME OF LICENSING PROGRAM ANALYST: Arielle Pascua	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 05/22/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/22/2026