

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 385600349

Report Date: 07/03/2025

Date Signed: 07/03/2025 12:22:43 PM

Document Has Been Signed on 07/03/2025 12:22 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
FACILITY EVALUATION REPORT	

FACILITY NAME:	MERCED THREE RESIDENTIAL CARE FACILITY	FACILITY NUMBER:	385600349
ADMINISTRATOR/DIRECTOR:	JOYCE, LEE	FACILITY TYPE:	740
ADDRESS:	1420 HAMPSHIRE STREET	TELEPHONE:	(415) 285-7660
CITY:	SAN FRANCISCO	STATE:	CA
CAPACITY:	33	ZIP CODE:	94110
TYPE OF VISIT:	Required - 1 Year	CENSUS:	33
		DATE:	07/03/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:01 AM
MET WITH:	Joyce Lee	TIME VISIT/INSPECTION COMPLETED:	12:45 PM

NARRATIVE

1 On July 3, 2025 Licensing Program Analyst (LPA) Yi Sam Jian conducted an unannounced annual
2 inspection. LPA met with administrator, Joyce Lee and explained the purpose of today's visit.
3
4 This is a two stories facility. The ground level is inaccessible to residents and for storage, kitchen and
5 laundry. The upper level has the living room, dining area, and all other areas intended for resident use
6 were observed to furnished and maintained in compliance and able to meet the needs of the residents.
7 The indoor and outdoor passageways were free of obstruction. Food supplies were sufficient of 2- days
8 perishables and 7- days of non-perishables. Administrator stated that cooked food delivered from
9 Merced Girard. Showers were observed equipped with non-skid mats and grab bars. Facility is equipped
10 with audible alarm by the exit doors. Call system is installed in resident rooms and bathrooms.
11
12 Comfortable temperature is maintained, and lighting is sufficient for comfort. Bed sheets, linens, and
13 towels were observed to be sufficient and able to meet the needs of the residents. Central storage for
14 medications, sharps and chemicals were observed to be locked and inaccessible to residents in care.
15 Hot water temperature inspected to be in compliant. The fire extinguisher was checked and is fully
16 charged. The first-aid kit was inspected and is complete.
17
18 Based on observation, deficiency is cited under California Code of Regulations, Title, 22 cited on the LIC
19 809D. Failure to correct the deficiencies may result in civil penalties. This report is reviewed and
20 discussed with administrator. A copy of this report and the appeal rights were provided.
21
22
23
24
25

NAME OF LICENSING PROGRAM MANAGER: April Cowan

NAME OF LICENSING PROGRAM ANALYST: Yi Sam Jian

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 07/03/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 07/03/2025

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.

Document Has Been Signed on 07/03/2025 12:22 PM - It Cannot Be Edited

Created By: Yi Sam Jian On 07/03/2025 at 11:44 AM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
--	---

FACILITY NAME: MERCED THREE RESIDENTIAL CARE FACILITY
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 385600349
VISIT DATE: 07/03/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87555(b)(8)	
--	---------------	----------------------	------------	--------------------	--

General Food Service Requirements

(b) The following food service requirements shall apply: (8) All food shall be of good quality. Commercial foods shall be approved by appropriate federal, state and local authorities. Food in damaged containers shall not be accepted, used or retained.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, the licensee did not comply with the section cited above in 1 can of Chichen with best-use-by date of 2022 which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 07/14/2025
	Plan of Correction
1	The administrator will develop a plan to ensure all expired canned food is throwaway and replaced. The plan shall indicate the dates that the facility will complete the disposal and replacement of expired canned food for the observations that were made by LPAs during today's visit. The administrator will submit a copy of the plan to CCL by POC due date.
2	
3	
4	

	Type B	Section Cited	HSC	1569.695(a)(2)	
--	---------------	----------------------	------------	-----------------------	--

Other Provisions


(a) In addition to any other requirement of this chapter, a residential care facility for the elderly shall have an emergency and disaster plan that shall include, but not be limited to, all of the following: (2) Plans for the facility to be self-reliant for a period of not less than 72 hours immediately following any emergency or disaster, including, but not limited to, a short-term or long-term power failure. If the facility plans to shelter in place and one or more utilities, including water, sewer, gas, or electricity, is not available, the facility shall have a plan and supplies available to provide alternative resources during an outage.

This requirement is not met as evidenced by:

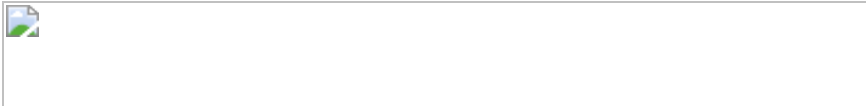
	Deficient Practice Statement
1	Based on observation, the licensee did not comply with the section cited above with 15 gallons of drinking water for 33 residents which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 07/14/2025
	Plan of Correction

1 The administrator will develop a plan to ensure there is enough drinking water for all residents in event
 2 of emergency. The plan shall indicate the dates that the facility will purchase more water for the
 3 observations that were made by LPAs during today's visit. The administrator will submit a copy of the
 4 plan to CCL by POC due date.

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:	April Cowan
NAME OF LICENSING PROGRAM ANALYST:	Yi Sam Jian
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/03/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/03/2025

Document Has Been Signed on 07/03/2025 12:22 PM - It Cannot Be Edited

Created By: Yi Sam Jian On 07/03/2025 at 11:44 AM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: MERCED THREE RESIDENTIAL CARE FACILITY

FACILITY NUMBER: 385600349

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/03/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.695(c)	
--	---------------	----------------------	------------	--------------------	--

Other Provisions

(c) A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.

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 with no documentation of quarterly drill conducted which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 07/14/2025
	Plan of Correction
1 2 3 4	The administrator will develop a plan to ensure there is documentation of quarterly drill conducted. The plan shall indicate the dates that the facility will document quarterly drill for the observations that were made by LPAs during today's visit. The administrator will submit a copy of the plan to CCL by POC due date.

	Section Cited			
--	----------------------	--	--	--

	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:	April Cowan
NAME OF LICENSING PROGRAM ANALYST:	Yi Sam Jian
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/03/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/03/2025