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Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 392700412
Report Date: 08/26/2026
Date Signed: 08/26/2026 05:05:29 PM

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

FACILITY NAME:	CHIANTI JOY LLC		FACILITY NUMBER:	392700412
ADMINISTRATOR/ DIRECTOR:	MORELOS, RANDY S		FACILITY TYPE:	740
ADDRESS:	9152 CHIANTI CIR		TELEPHONE:	(209) 242-2006
CITY:	STOCKTON	STATE: CA	ZIP CODE:	95212
CAPACITY: 6		CENSUS:	DATE:	08/26/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	01:15 PM
MET WITH:	Randy Morelos		TIME VISIT/ INSPECTION COMPLETED:	05:30 PM

NARRATIVE

On August 26, 2026 at 1:15 PM, Licensing Program Analyst (LPA) Kimberly Kulich and LPA Michael Bilger, arrived at Chianti Joy LLC at 9152 Chianti Circle, Stockton, for an unannounced annual visit. LPA Kulich and LPA Bilger were greeted at the front door by Administrator Randy Morelos. LPA Kulich noted no malodorous or offensive smells upon entering the facility.

LPA Bilger reviewed 5 staff files and 5 resident files. File review for staff revealed 4 of 5 staff did not receive the regulatory required 40 hour training.

LPA Kulich observed the kitchen. All appliances are operable and in good working condition. There are enough clean plates and cutlery to meet capacity. Knives and sharp objects are **not** stored properly in a locked drawer. Administrator moved knife to a locked drawer in LPA's presence. Dishwasher soaps, cleaning supplies, paper towels and hazardous chemicals are stored and locked under the sink. The refrigerator is clean and free of odors. No medication is kept in refrigerator or pantry. LPA Kulich observed medication belonging to resident stored improperly on the kitchen counter. Perishable (2 days) and non-perishable (7 days) food supplies available. LPA observed five residents in the facility. LPA spoke with two residents. Three residents were napping.

LPA Kulich, observed the dining room. Enough seating to accommodate census & capacity. LPA Kulich entered the garage. LPA Kulich passed through the laundry room to the garage. Doors to both the laundry room and garage were propped open. Cabinets are were not locked. Cabinets contained hardware, tools and sharp objects including saws and hedge trimmers.

Lisa Rios
Kimberly Kulich

	**DATE:** 08/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	**DATE:** 08/26/2026

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.

FACILITY NAME: CHIANTI JOY LLC **FACILITY NUMBER:** 392700412

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NARRATIVE

LPA Kulich entered the backyard. LPA sees that the backyard is free of obstructions and hazardous materials and instruments. The backyard has ample shade and a table with seating for 6.

LPA and Licensee observe the hallway where LPA notes a compliant fire extinguisher, The licensee tests and confirms both working smoke and carbon monoxide detectors in presence of LPA

Licensee opened storage closet. LPA noted closet contains color coded towels and sheets, mattress covers, and additional supplies. Closet is organized and sheet assignments are easy to differentiate between residents. Each resident has their own towels and sheets. LPA Kulich observed multiple sets of additional spare linens, including bedding and towels.

LPA Kulich observes bedroom #1. Bedroom contains a lamp, chair, nightstand w/drawer, desk and bed. All furniture is in good repair. LPA observed room had closet with space for clothes and personal belongings.

LPA observes client bathroom. Bathroom was observed to have non-slip surface and handrails. Water temperature was measured at XXX

LPA enter bedroom #2. Bedroom contains lamp, chair, nightstand w/drawer, desk and bed. All furniture is in good repair. LPA observed room had closet with space for clothes and personal belongings.

LPA Kulich conducted a medication audit of 5 residents. Every resident chart has been initialed by the caregiver on duty. This included medications that had not yet been administered. LPA discovered medications being administered, and not recorded in the MARS. LPA also noted that medication was not being administered as prescribed.

LPA Kulich and LPA Bilger completed (809, 809C, and five (5) 809D) and conducted an exit interview. Licensee/Administrator were provided a copy of the report and their appeal rights.

NAME OF LICENSING PROGRAM MANAGER: Lisa Rios
NAME OF LICENSING PROGRAM ANALYST: Kimberly Kulich
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 08/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/26/2026

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Created By: Kimberly Kulich On 08/26/2026 at 03:37 PM
Link to Parent Document Below:

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DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/26/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87309(a)	

Storage Space and Access

(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation the licensee did not comply with the section cited above. Knives, scissors and other sharp objects are not stored properly which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 08/27/2026
	Plan of Correction
1 2 3 4	Administrator placed knives in a locked drawer in presence of LPA in kitchen. Administrator will purchase materials to secure tool cabinet in garage and send pictures of receipt by 8/27/2026. Administrator will send pictures to LPA of installed lock.

		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: Lisa Rios

NAME OF LICENSING PROGRAM ANALYST: Kimberly Kulich

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/26/2026

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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 , 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827

FACILITY NAME: CHIANTI JOY LLC **FACILITY NUMBER:** 392700412
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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	HSC	1569.625(b)(1)	

Other Provisions

(1) The department shall adopt regulations to require staff members of residential care facilities for the elderly who assist residents with personal activities of daily living to receive appropriate training. This training shall consist of 40 hours of training. A staff member shall complete 20 hours, including six hours specific to dementia care, as required by subdivision (a) of Section 1569.626 and four hours specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696, before working independently with residents. The remaining 20 hours shall include six hours specific to dementia care and shall be completed within the first four weeks of employment. The training coursework may utilize various methods of instruction, including, but not limited to, lectures, instructional videos, and interactive online courses. The additional 16 hours shall be hands-on training.

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 3 out of 5 staffing files reviewed in that staff did not receive initial 40 hour training as required, which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 08/27/2026
	Plan of Correction
1 2 3 4	Licensee will ensure staff complete the initial 40 hour training requirement. Licensee to submit training date by POC due date, with training to be completed no later than 9/9/2026.

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: Lisa Rios
NAME OF LICENSING PROGRAM ANALYST: Kimberly Kulich
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 08/26/2026

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FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION , 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827

FACILITY NAME: CHIANTI JOY LLC **FACILITY NUMBER:** 392700412

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	HSC	1569.69(a)(2)	

Other Provisions

(a) Each residential care facility for the elderly licensed under this chapter shall ensure that each employee of the facility who assists residents with the self-administration of medications meets all of the following training requirements: (2) In facilities licensed to provide care for 15 or fewer persons, the employee shall complete 10 hours of initial training. This training shall consist of 6 hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and 4 hours of other training or instruction, as described in subdivision (f), which shall be completed within the first two weeks of employment.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record reviethe licensee did not comply with the section cited above in 4 out of 5 staffing files reviews which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 08/27/2026
	Plan of Correction
1 2 3 4	Licensee will ensure completed medication training for staff as required. Licensee will submit training date for completion to LPA by POC due date with proof of completed training to be sent to LPA by 9/9/2026. Training to be completed by an outside vendor.

	Type A	Section Cited	CCR	87465(a)(4)	

Incidental Medical and Dental Care Services

(4) The licensee shall assist residents with self-administered medications as needed.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, interview, record review the licensee did not comply with the section cited above in that facility staff gave medication to resident1 (R1) without an existing order, and gave medication to R2 without properly following the written prescription, which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 08/27/2026
	Plan of Correction
1 2 3 4	Licensee will ensure completed staff training on medication training. Training to include but not be limited to: Physician orders. Training date to be submitted to LPA by POC due date. Proof of completed training to be submitted to LPA by POC due date. Licensee to pariticapte in training. Training to be conducted by an outside vendor.

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: Lisa Rios

NAME OF LICENSING PROGRAM ANALYST: Kimberly Kulich

LICENSING PROGRAM ANALYST SIGNATURE:

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	Type A	Section Cited	CCR	87465(h)(2)	

Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on LPA's observation and interview with Administrator medication was stored on the kitchen counter. The licensee did not ensure that centrally stored medications be kept in a safe and locked place... which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 08/27/2026
	Plan of Correction
1 2 3 4	Administrator put medication in locked cabinet in presence of LPA. Administrator training shall include, but not limited to, proper medication storage. Licensee, staff, and Administrator shall complete training by an ouside vendor.

		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:	Lisa Rios
NAME OF LICENSING PROGRAM ANALYST:	Kimberly Kulich

LICENSING PROGRAM ANALYST SIGNATURE:

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87412(a)(11)	

Personnel Records

(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information: (11) A health screening as specified in Section 87411, Personnel Requirements - General.

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 1 out of 5 staffing charts reviewed in that staff1 (S1) chart did not contain a health screening form which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 09/09/2026
	Plan of Correction
1 2 3 4	Licensee will ensure a completed health screening form for S1 and submit a copy of proof to LPA 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.

Lisa Rios

NAME OF LICENSING PROGRAM MANAGER:

NAME OF LICENSING PROGRAM ANALYST: Kimberly Kulich

LICENSING PROGRAM ANALYST SIGNATURE:

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