

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 392700475

Report Date: 02/25/2026

Date Signed: 02/25/2026 11:45:36 AM

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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:	OAKS AT INGLEWOOD ASSISTED LIVING, THE	FACILITY NUMBER:	392700475
ADMINISTRATOR/THA CHAY DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	6725 INGLEWOOD AVE	TELEPHONE:	(209) 957-6257
CITY:	STOCKTON	STATE: CA	ZIP CODE: 95207
CAPACITY:	86	CENSUS: 73	DATE: 02/25/2026
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED TIME VISIT/ INSPECTION	BEGAN: 09:42 AM
MET WITH:	Yanet Rico-Solis	TIME VISIT/ INSPECTION	COMPLETED: 12:00 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Albert Johnson conducted an unannounced visit on this
2 date. LPA met with Yanet
3
4 The purpose of the visit today is follow-up on plan of correction visit from the annual
5 inspection completed on 1/28/2026. The facility submitted required documents including an
6 update to the plan of operations to included a dementia component. The facility will need a
7 new fire clearance. The fire clearance will address delayed egress and other items identified
8 from the inspection by the Fire Marshal. The department has requested that the completed
9 and most recent Fire Marshal report be sent to the LPA by the close of business on 2/26/2026.
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11 During the visit LPA toured the facility and observed expired five year sticker and the annual
12 sticker on the fire hydraulic system/ fire riser. The facility stated that work was completed by
13 a local vendor but they did not provide the compliance stickers. Because there are additional
14 repairs needed.
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16 An exit interview was conducted, and a report was left with the facility with appeal rights.
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NAME OF LICENSING PROGRAM MANAGER: Lisa Rios
NAME OF LICENSING PROGRAM ANALYST: Albert Johnson

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 02/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/25/2026

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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Created By: Albert Johnson On 02/25/2026 at 11:04 AM
Link to Parent Document Below:

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827</p>
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FACILITY NAME: OAKS AT INGLEWOOD ASSISTED LIVING, THE

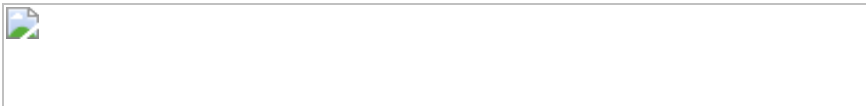
FACILITY NUMBER: 392700475

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/25/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/26/2026 Section Cited CCR 87203	1 87203 Fire Safety-All facilities shall be 2 maintained in conformity with the 3 regulations adopted by the State Fire 4 Marshal for the protection of life and 5 property against fire and panic. 6 7	1 The facility will provide the department 2 with a plan to complete the needed 3 repairs and have the annual and five 4 year stickers update to be in 5 compliance with the State Fire Marshal. 6 7
	8 This requirement is not met as 9 evidenced by observation. The facility 10 has an expired five year sticker and the 11 annual sticker on the fire hydraulic 12 system/ fire riser. This is an immediate 13 safety risk to residents in care. 14	8 The plan will be sent to the department 9 by 2/26/2026. 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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:	Albert Johnson
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/25/2026