

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 392700899
Report Date: 01/29/2026
Date Signed: 01/30/2026 07:18:41 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:	FRUITFUL HUMBLE ABODE	FACILITY NUMBER:	392700899
ADMINISTRATOR/MABUNGA, JOYCE MAE		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	1849 COIT STREET	TELEPHONE:	(415) 619-9510
CITY:	MANTECA	STATE: CA	ZIP CODE: 95337
CAPACITY: 6		CENSUS: 5	DATE: 01/29/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	10:00 AM
		BEGAN:	
MET WITH:	Kherjee Reyes and Zenaida Pranada	TIME VISIT/INSPECTION	01:00 PM
		COMPLETED:	

NARRATIVE	
1	Unannounced Annual visit made out to this facility on 01/29/2026 by Licensing Program Analyst (LPA)
2	Charlie Yang. This LPA was met by the facility caregivers, Kherjee Reyes and Zenaida Pranada, who
3	were briefly interviewed at this time. This LPA requested that they go ahead and contact the facility
4	designated Administrator, Joyce Mabunga, to inform her that CCL was present at this time. The back up
5	Administrator, Pedro Pancho, arrived shortly thereafter to this facility.
6	Current census was 5 residents. It was learned that there was (1) resident under the care of hospice at
7	this time. This facility does have an approved waiver to be able to accept and retain up to (2) residents
8	under the care of hospice at any given time.
9	It was learned that this facility has a program to be able to accept and retain dementia residents at any
10	given time. It was learned that there was (1) resident diagnosed with dementia at this time. It was
11	learned that there was (1) resident receiving services through home health at this time. It was learned
12	that this resident also had a bedridden resident in care at this time. The master bedroom was fire
13	cleared to be able to accept and retain up to (1) resident deemed to be bedridden at any given time.
14	Tour of this facility was conducted.
15	Dining area, living area, and all other areas intended for resident use were toured. Furniture and
16	furnishings were observed to be sufficient and able to meet the needs of the residents at this time.
17	Linen closet, located in facility hallway closet, was reviewed and observed to contain a sufficient supply
18	of towels, sheets, and bedding able to meet the needs of the residents at this time.
19	Kitchen area was toured.
20	Kitchen drawers and cabinets were opened and reviewed.
21	Food supply for 2-day perishable and 7-day nonperishable quantities was reviewed to make sure that
22	they were in compliance at all times. Pantry area was toured.
23	Garage area was toured.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Liza King
NAME OF LICENSING PROGRAM ANALYST: Charlie Yang

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/29/2026

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: FRUITFUL HUMBLE ABODE	FACILITY NUMBER: 392700899
	VISIT DATE: 01/29/2026

NARRATIVE	
1	Laundry area, located in the room next to the living room, was toured and observed to be locked at this
2	time. A review of the bleach, detergent, and all other cleaning supplies was conducted to make sure that
3	they were locked and made inaccessible to the residents at this time.
4	Administrator certificate, # 7073274740, for Joyce Mabunga was observed to have an expiration date of
5	07/12/2026 and in compliance at this time.
6	Medication cabinet, located in the facility kitchen drawers, was observed to be locked and made
7	inaccessible to the residents at this time.
8	First aid kit, located in the medication cabinet, was reviewed. This LPA observed that it did contain all of
9	the required components at this time.
10	Fire extinguisher located hanging on the wall adjacent to the kitchen was observed to have been
11	annually inspected by the local fire extinguisher company, Touch Down Fire, with the inspection date of
12	09/11/2025 and in compliance at this time.
13	Facility resident bedrooms were toured. Furniture and furnishings were observed to be sufficient and
14	able to meet the needs of the residents at this time.
15	Facility resident restrooms were toured. Grab bars and non skid mats were observed to be present and
16	in good repair at this time.
17	Hot water temperatures were taken to make sure that they were within the allowed range of 105-120
18	degrees at all times.
19	A tour of the facility exterior grounds was conducted. A review of the facility perimeter fence, side gates,
20	and all other exits was conducted.
21	A review of (5) facility personnel records was conducted and noted on the following LIC 859.
22	A review of (4) facility resident records was conducted and noted on the following LIC 858.
23	The following forms and documents were requested to be updated and submitted into CCL for review by
24	this LPA:
25	LIC 308
26	LIC 400
27	LIC 500
28	LIC 610
29	
30	There were no deficiencies observed or cited during today's annual visit.
31	
32	Exit Interview

NAME OF LICENSING PROGRAM MANAGER: Liza King	
NAME OF LICENSING PROGRAM ANALYST: Charlie Yang	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/29/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/29/2026