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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 392700993
Report Date: 08/04/2026
Date Signed: 08/04/2026 12:52:30 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:	A1 DEL MONTE STOCKTON		FACILITY NUMBER:	392700993
ADMINISTRATOR/ DIRECTOR:	SANDEEP SAINI		FACILITY TYPE:	740
ADDRESS:	517 E. FULTON STREET		TELEPHONE:	(209) 910-5910
CITY:	STOCKTON	STATE: CA	ZIP CODE:	95204
CAPACITY: 158		CENSUS: 151	DATE:	08/04/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	11:00 AM
MET WITH:	Sandeep Saini		TIME VISIT/ INSPECTION COMPLETED:	01:15 PM

NARRATIVE

On August 4, 2026 at 9:00AM, Licensing Program Analyst (LPA) Kimberly Kulich and Licensing Program Manager (LPM) Lisa Rios, arrived at A1 Del Monte Assisted Living at 517 East Fulton Street, Stockton, CA, for an unannounced annual visit. LPA Kulich confirmed and photographed the front yard was landscaped and maintained. LPA Kulich and LPM Rios were greeted at the front door by Licensee/Administrator Sandeep Saini.

LPM Rios began a file review of staff and residents. LPM verified all staff have background clearance and are associated to the facility.

LPA and Licensee 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 stored in a locked drawer: keys are with staff. Dishwasher soaps, fruit wash, paper towels were stored and locked under the sink. LPA Kulich measured the refrigerator at 50 degrees Fahrenheit and freezer temperature at 0 degrees Fahrenheit. The refrigerator was clean and free of odors. No medication kept in refrigerator or pantry. Perishable (2 days) and non-perishable (7 days) food supplies available.

Lisa Rios
Kimberly Kulich

	**DATE:** 08/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	**DATE:** 07/30/2026

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: A1 DEL MONTE STOCKTON **FACILITY NUMBER:** 392700993
VISIT DATE: 08/04/2026

NARRATIVE

LPA and licensee, observed Bedroom #1. The thermostat was set at 70 Fahrenheit. Room was equipped with a bed, night stand, chair and overhead light. Linens were clean and furniture was well maintained and in good repair.

LPA observed the bathroom. LPA observed grip bars and non-slip shower surface. LPA Kulich the non-slip flooring. Toilet, sink and shower are in good working order as demonstrated by licensee.

LPA walked backyard area. There were 4 tanks of potable water and a cargo shed that contained PPE, laundry detergent, emergency supplies, water, holiday decorations, sports equipment, cleaning supplies, paper goods, and tools. LPA and Licensee entered the hallway where LPA asked staff member to open the cabinet where the fire extinguisher was stored. Staff member could not open cabinet as the fire extinguisher had been painted shut inside the cabinet. Licensee then attempted to open cabinet and forced it open. LPA noted a compliant fire extinguisher, and working smoke and carbon monoxide detectors, that were tested by licensee. The hallway was well lit, and wide enough for wheelchair access.

Licensee opened laundry storage closet. LPA noted closet contained 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.

NAME OF LICENSING PROGRAM MANAGER: Lisa Rios
NAME OF LICENSING PROGRAM ANALYST: Kimberly Kulich
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 08/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/04/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100
SACRAMENTO, CA 95827

FACILITY NAME: A1 DEL MONTE STOCKTON **FACILITY NUMBER:** 392700993
VISIT DATE: 08/04/2026

NARRATIVE
At LPA and licensee entered bedroom #2. Bedroom contained overhead lighting, chair, night stand w/drawer, desk and bed. All furniture was in good repair. LPA observed room had closet with space for clothes and personal belongings. LPM Rios and LPA Kulich conducted an exit interview. Licensee/Administrator were provided a copy of the report and their appeal rights.LPA, and Licensee observed the dining room. LPA noted seating and tables accommodated census. Activity Calendar posted on the wall which observed holiday and religious celebrations, arts and craft, games, dancing, and other social activities. ok Enough seating to accommodate census & capacity.

NAME OF LICENSING PROGRAM MANAGER: Lisa Rios
NAME OF LICENSING PROGRAM ANALYST: Kimberly Kulich
LICENSING PROGRAM ANALYST SIGNATURE: **DATE:** 08/04/2026

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FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 08/04/2026

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Created By: Kimberly Kulich On 08/04/2026 at 11:45 AM
Link to Parent Document Below:

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87203	

All facilities shall be maintained in conformity with the regulations Adopted by the State Fire Marshall for the protection of life and property against fire and panic.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2	Based on observation the licensee did not comply with the section cited above due to not having immediate access to the fire extinguisher as the door had been painted shut. Which poses an immediate

3 4	health, safety or personal rights risk to persons in care.
	POC Due Date: 08/11/2026
	Plan of Correction
1 2 3 4	Administrator will make sure all fire extinguishers are accessible.

		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: 08/04/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/04/2026