

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 415601066

**Report Date:** 03/26/2026

**Date Signed:** 03/26/2026 02:18:48 PM

**Document Has Been Signed on** 03/26/2026 02:18 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	A & J ASSISTED LIVING FACILITY	FACILITY NUMBER:	415601066
ADMINISTRATOR/DIRECTOR:	PACALDO, JULIET	FACILITY TYPE:	740
ADDRESS:	130 VALE STREET	TELEPHONE:	(650) 755-0411
CITY:	DALY CITY	STATE:	CA
CAPACITY:	53	ZIP CODE:	94014
TYPE OF VISIT:	Required - 1 Year	CENSUS:	52
		DATE:	03/26/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:00 AM
MET WITH:	Administrator, Juliet Pacaldo	TIME VISIT/INSPECTION COMPLETED:	02:30 PM

### NARRATIVE

1 On March 26, 2026, Licensing Program Analyst (LPA) Komal Curley conducted an unannounced annual  
2 inspection. LPA met with Administrator, Juliet Pacaldo and explained the purpose of the visit.  
3

4 LPA toured the facility including a random sample of resident rooms, common areas, and kitchen area.  
5 The indoor and outdoor passageway was free of obstruction. No accessible bodies of water of fire safety  
6 hazards observed. This is a two story facility. Some resident rooms were observed to be single private  
7 rooms and some were observed to be shared rooms. Resident rooms had required furnishings. Three  
8 shower rooms were observed with non-skid mats. Bathrooms were observed to be odor-free. Water  
9 temperature throughout the facility was within regulatory requirements. LPA observed window screens in  
10 some resident rooms to be broken or ripped. 2nd floor dining room also was observed to have a window  
11 screen in disrepair.  
12

13 A comfortable temperature of 70 degrees is maintained in the facility and lighting is sufficient for comfort.  
14 LPA observed 2 days for perishables and and 7 days non-perishable. Medications, sharps and  
15 chemicals were locked and inaccessible to residents. Emergency drill are being conducted and logged  
16 every 3 months. Carbon monoxide monitors are working properly. All fire extinguishers have been  
17 checked and current.  
18

19 Five resident records and five staff records were reviewed. Resident records are updated, complete and  
20 signed. Staff records are complete, with training logs that have met the basic requirement. Medication  
21 review was done, and all medications are accounted for, and centrally stored medication records are  
22 updated.  
23

24 Deficiency was observed during the visit and cited from the California Code of Regulations, Title 22 and  
25 Health and Safety Code. See LIC809-D. Failure to correct the deficiencies may result in civil penalties. A  
copy of civil penalty is provided.

Report is reviewed with Administrator and a copy is provided.

**NAME OF LICENSING PROGRAM MANAGER:** April Cowan  
**NAME OF LICENSING PROGRAM ANALYST:** Komal Curley  
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/26/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/26/2026

**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 III, 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: Komal Curley On 03/26/2026 at 01:20 PM**  
**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
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**FACILITY NAME:** A & J ASSISTED LIVING FACILITY  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 415601066  
**VISIT DATE:** 03/26/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87303(a)</b>	
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**Maintenance and Operation**

(a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1 2 3 4	Based on observations, resident rooms observed and second floor dining room had window screens to be in disrepair which poses/posed a potential health, safety or personal rights risk to persons in care.
	<b>POC Due Date:</b> 04/02/2026
	<b>Plan of Correction</b>
1 2 3 4	Licensee/administrator shall take a photo of the repaired window screens and send it to LPA by 4/2/26,

		<b>Section Cited</b>			
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	<b>Deficient Practice Statement</b>
1 2 3 4	
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
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.**

April Cowan

**NAME OF LICENSING PROGRAM**

**MANAGER:**

**NAME OF LICENSING PROGRAM**

Komal Curley

**ANALYST:**

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/26/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/26/2026