

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425850033

Report Date: 01/06/2026

Date Signed: 01/06/2026 03:19:27 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME: AAA KINDNESS CARE II	FACILITY NUMBER: 425850033
ADMINISTRATOR/PETTIFORD, SHAYNA DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 3811 DOMINION RD	TELEPHONE: (805) 937-6444
CITY: SANTA MARIA	STATE: CA
CAPACITY: 32	ZIP CODE: 93454
TYPE OF VISIT: Required - 1 Year	CENSUS: 25
	DATE: 01/06/2026
	UNANNOUNCED TIME VISIT/INSPECTION
	08:55 AM
MET WITH: Shayna Pettiford	BEGAN: TIME VISIT/INSPECTION
	03:30 PM
	COMPLETED:

NARRATIVE

1 Licensing Program Analyst (LPA) Melisa Rankin arrived at 8:55 a.m. to conduct a 1-year required annual
2 visit. LPA met with Shayna Pettiford, Administrator. A tour of the inside and outside of the facility was
3 conducted. The following was inspected and noted during the annual visit:

4
5 The facility has one large, assisted living building with 3 wings and 24 rooms. LPA toured the dining
6 room, kitchen, sunshine room, sunroom, laundry room, and 5 resident rooms.

7
8 **Physical Plant & Environment Safety:** LPA was authorized to enter and inspect facility. LPA toured
9 resident rooms and observed that rooms were tidy. The lighting and lamps are sufficient for the use of
10 the facility and for resident comfort and safety. Toilet, hand washing and bathing facilities are operational
11 and secure grab bars are present. Most rooms have their own private restroom, and 4 rooms share a
12 restroom. All residents and public bathrooms observed were sufficiently stocked with soap and paper
13 towels. The showers have slip-resistant mats, and the newer build has slip resistant flooring. The
14 pathways are clear of any obstructions. Disinfectant and cleaning solutions are inaccessible to residents
15 in care and are stored in the locked laundry room and a locked hall closet. The facility has sufficient
16 space inside and outside for activities and visiting. The facility has a fenced yard for client use with
17 plenty of shade. The facility has telephone and internet service for residents' use. The fire extinguisher
18 was last charged and inspected on 9/9/25. The facility has a fire sprinkler system that was last inspected
19 in August of 2025. Each resident room located in the North and South wings of the facility have a carbon
20 monoxide detector which is tested quarterly, LPA tested 3 carbon monoxide alarms.

21
22 Continued on 909-C

23
24
25
NAME OF LICENSING PROGRAM MANAGER: Kelly Burley

NAME OF LICENSING PROGRAM ANALYST: Melisa Rankin

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/06/2026

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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FACILITY NAME: AAA KINDNESS CARE II

FACILITY NUMBER: 425850033

VISIT DATE: 01/06/2026

NARRATIVE	
1	Operational Requirements: The facility has a current plan of operation on file with the department. The
2	facility has current liability insurance. The facility is approved for a capacity of 32. The fire clearance is
3	granted 20 non-ambulatory residents, of which 7 may be bedridden and 5 ambulatory residents. A
4	hospice waiver is approved for 10 residents. The facility currently has 25 residents. There are 4
5	residents on hospice care.
6	
7	Staffing, Personnel Records & Training: The facility currently employs 24 staff and 1 administrator.
8	LPA reviewed five (5) staff files for, but not limited to, the following: personnel records, health screening,
9	criminal record statements, and current first aid/CPR. All files were complete. Administrator's Certificate
10	expires on 7/19/27. The facility keeps confidential files for each staff member. Staff have annual training
11	completed for various subjects/topics and hours 2025.
12	
13	Resident Records & Incident Reports: The facility keeps separate files on each resident
14	confidentially. Facility does submit incident reports to the department when required. LPA reviewed five
15	(5) resident files for, but not limited to, the following: signed admission agreements, current medical
16	assessments with TB results, and current plan of care. All files were complete.
17	
18	Food Service: The facility has 2-day perishables and 7-day non-perishables to meet the food service
19	requirements. Knives are stored in a locked drawer in the kitchen. Kitchen appliances were in operable
20	condition. The freezer is kept at 0 degrees, and the refrigeration is kept at 40 degrees or lower. Cleaning
21	solutions and equipment are stored separately from food supplies.
22	
23	Incidental Medical Services: Facility provides transportation or assists in providing transportation to
24	medical and dental appointments when needed. The facility uses the Centrally Stored Medication and
25	Destruct Records (CSMDR). LPA reviewed a sampling of residents' medications, no labels were altered,
26	no medications were expired, and all medications were kept in their original containers.
27	
28	Disaster Preparedness: The current emergency disaster forms are located in a binder at med tech
29	desk. The facility conducts quarterly disaster drill/training. Emergency exits and telephone numbers
30	were posted. A set of keys is available for staff on all shifts to access full facility in an emergency.
31	
32	Residents with Special Health Needs: The facility accepts dementia residents in care. The facility
	does not have delayed egress, and does not lock residents into facility grounds.
	Exit interview conducted and copy of report printed for Administrator.

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley	
NAME OF LICENSING PROGRAM ANALYST: Melisa Rankin	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/06/2026
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