

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 430700136

Report Date: 03/26/2026

Date Signed: 03/26/2026 07:18:19 PM

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<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131</p>
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FACILITY NAME: CHANNING HOUSE	FACILITY NUMBER: 430700136
ADMINISTRATOR/RHONDA BEKKEDAHL	FACILITY TYPE: 741
DIRECTOR:	TELEPHONE: (650) 327-0950
ADDRESS: 850 WEBSTER STREET	CITY: PALO ALTO STATE: CA ZIP CODE: 94301
CAPACITY: 264	CENSUS: 214 DATE: 03/26/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION 10:00 AM
MET WITH: Yadira Aldana and Izveth Leon	BEGAN: TIME VISIT/ INSPECTION 07:00 PM
	COMPLETED:

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	<p>LPA Audrey Jeung toured facility and grounds of this Continuing Care Retirement Community, which consists of two buildings--the main tower is 11 stories tall and accommodates independent residents on floors 2 - 10 and assisted living residents in 11 units on the THIRD floor; on the ground floor of the adjacent 2-story building--called the Lee Center--there are 24 assisted living units, including a dining room. Apartments are equipped with emergency call alarms; in the Lee Center, pull alarms are installed in bedroom and bathroom, and a visual and auditory signal is activated; for the 3rd floor rooms of the main building, pull alarms are installed in bathrooms and pendants are worn by residents to summon staff. In addition, the land line phones can be activated to summon staff. Common areas--dining room, fitness rooms, recreation room, auditorium, library, music room, living room with pianos--are on the ground floor of main building, in addition to kitchen, offices, gift shop and 3 guest bedrooms for visiting overnight guests of residents. A large open area is available on the top floor for common use, as well as a large wrap around balcony. There is an indoor swimming pool and jacuzzi tub in the basement level, which is monitored by surveillance camera. There are no fire safety hazards observed. Hot water temperature is tested at 108 degrees in 3rd floor assisted living bathroom. Food supply, signal system, and first-aid kit are inspected. Reports of monthly consultations by registered dietician are maintained. Copy of report dated 2/24/26 is provided to LPA.</p> <p>Fire and emergency drills are documented and occur at least bi-monthly. Evacuation chairs are maintained for two stairwells in main building and both stairwells in Lee Center building.</p> <p>Criminal record clearances or exemptions for facility staff or other individuals who have client contact have been reviewed, as well as required staff records. Rhonda Bekkedahl and Yadira Aldana are certified RCFE administrators (x 2/27 and x11/26) that oversee facility operations. Staff records will be reviewed at a later date due to time constraints. Centrally Stored Medications Records are reviewed randomly. There are no residents receiving hospice services at this time. An updated Disaster and Mass Casualty Plan is readily available. Continued on following page.</p>

NAME OF LICENSING PROGRAM MANAGER: Cowan April
NAME OF LICENSING PROGRAM ANALYST: Audrey Jeung



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: Audrey Jeung On 03/26/2026 at 06:29 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
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FACILITY NAME: CHANNING HOUSE

FACILITY NUMBER: 430700136

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/26/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87465(h)(2)	
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Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, the licensee did not comply with the section cited above, as Acetaminophen 500 mg is stored in room #339, and this resident is unable to self store/self administer medications, per MD. This poses an immediate health, safety or personal rights risk to persons in care.
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	POC Due Date: 03/27/2026
	Plan of Correction
1	Plan/proof of correction to be sent to CCLD BY DUE DATE
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		Section Cited			
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	Deficient Practice Statement
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	POC Due Date:
	Plan of Correction
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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	Cowan April
MANAGER:	Audrey Jeung

NAME OF LICENSING PROGRAM

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature box]

DATE: 03/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature box]

DATE: 03/26/2026

LIC809 (FAS) - (06/04)

Page: 3 of 6

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Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
, 2580 N. FIRST STREET, STE. 350
SAN JOSE, CA 95131

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CHANNING HOUSE

FACILITY NUMBER: 430700136

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/26/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87465(h)(4)	
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Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (4) All centrally stored medications shall be labeled and maintained in compliance with state and federal laws. No persons other than the dispensing pharmacist shall alter a prescription label.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above, as staff write on Rx labels, which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 04/02/2026
	Plan of Correction
1 2 3 4	Plan/proof of correction to be sent to CCLD BY DUE DATE

	Type B	Section Cited	HSC	1569.695(f)(1)	
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Other Provisions


(1) An evacuation chair at each stairwell, on or before July 1, 2019.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on statement from staff, the licensee did not comply with the section cited above, as 1 out of 3 stairwells does not have an evacuation chair in center stairwell of main tower building. This poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 04/02/2026
	Plan of Correction

1 Plan/proof of correction to be sent to CCLD BY DUE DATE.
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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: Cowan April
NAME OF LICENSING PROGRAM ANALYST: Audrey Jeung
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

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	, 2580 N. FIRST STREET, STE. 350
	SAN JOSE, CA 95131

FACILITY NAME: CHANNING HOUSE **FACILITY NUMBER:** 430700136
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 03/26/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87465(h)(6)	
		INCIDENTAL MEDICAL CARE 87465			
A record of centrally stored prescription medications for each resident shall be maintained and include names of the resident for whom prescribed, prescribing physician and pharmacist, drug name, strength and quantity, dates filled, started & expiration, prescription number and instructions: This requirement is not met as evidenced by:					
Deficient Practice Statement					
1	Based on review of Centrally Stored Medications Records, the licensee did not comply with the section				
2	cited above, which poses a potential health, safety or personal rights risk to persons in care.				
3	OTC Senna & Rx acetaminophen filled 6/19/25 for room #104, OTC Tylenol 500 mg for room 112, Rx				
4	Mirapex filled 1/28/26 & Sanctura filled 2/6/26 for room #323, OTC Miralax & Rx Tylenol for room #263 not recorded on Centrally Stored Medications Records.				
POC Due Date: 04/02/2026					
Plan of Correction					
1	Medications referenced were logged on CSMR in LPA's presence. Plan of correction to maintain				
2	compliance with requirement to log all centrally stored medications accurately will be sent to CCLD BY				
3	DUE DATE.				
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		Section Cited			
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Deficient Practice Statement


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	POC Due Date:
	Plan of Correction
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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:	Cowan April
NAME OF LICENSING PROGRAM ANALYST:	Audrey Jeung
LICENSING PROGRAM ANALYST SIGNATURE:	
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FACILITY REPRESENTATIVE SIGNATURE:	
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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: CHANNING HOUSE

FACILITY NUMBER: 430700136

VISIT DATE: 03/26/2026

NARRATIVE

1	The following forms are requested to be completed and returned to CCL by 4/2/26:
2	• LIC 309 Administrative Organization .
3	• LIC 308 Designation of Facility Responsibility
4	- LIC 400 Affidavit REgarding Client Cash Resources
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9	Update Personnel Report is given to LPA today, as well as recent Registered Dietician Report.
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11	Deficiencies of the California Code of Regulations, Title 22 are observed and cited on following pages.
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NAME OF LICENSING PROGRAM MANAGER: Cowan April
NAME OF LICENSING PROGRAM ANALYST: Audrey Jeung
LICENSING PROGRAM ANALYST SIGNATURE:

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