

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 430702352

**Report Date:** 12/10/2025

**Date Signed:** 12/10/2025 05:19:26 PM

**Document Has Been Signed on** 12/10/2025 05:19 PM - **It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	VALLEY PINES	FACILITY NUMBER:	430702352
ADMINISTRATOR/DIRECTOR:	HEINAN, JAMES	FACILITY TYPE:	740
ADDRESS:	545 EAST MAIN AVENUE	TELEPHONE:	(408) 779-2855
CITY:	MORGAN HILL	STATE:	CA
CAPACITY:	49	ZIP CODE:	95037
TYPE OF VISIT:	Required - 1 Year	DATE:	12/10/2025
		UNANNOUNCED TIME VISIT/INSPECTION	01:30 PM
MET WITH:	James Heinan	BEGAN TIME VISIT/INSPECTION	05:30 PM
		COMPLETED:	

### NARRATIVE

1 Licensing Program Analyst (LPA) David Marrufo conducted an unannounced Required 1 Year Visit and  
2 met with Administrator James Heinan.  
3  
4 During visit, LPA Marrufo toured the facility inside and out. LPA toured the kitchen area and observed  
5 there to be a perishable food supply of at least two days and a non-perishable food supply of at least  
6 seven days.  
7  
8 LPA toured 6 resident living units. LPA observed each living unit had available bedding and clothing  
9 storage areas and working lights. The bathrooms had working lights and available soap and paper  
10 towels. LPA observed the water temperatures in the bathroom sinks to be between 111-119 F.  
11  
12 LPA toured the outside area and found it to be clear of obstructions.  
13  
14 LPA tested two out of two carbon monoxide detectors and found them to function properly when tested.  
15 During visit, staff were not able to test the smoke detection system and were not able to provide a copy  
16 of the last smoke detection system inspection report.  
17  
18  
19 The emergency disaster drill log indicates the last drill occurred on 10/01/2025.  
20  
21  
22 See LIC809-C page for more information. Page 1 of 2.  
23  
24  
25

**NAME OF LICENSING PROGRAM MANAGER:** Christine Kabariti

**NAME OF LICENSING PROGRAM ANALYST:** David Marrufo

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 12/10/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 12/10/2025

**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  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
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**FACILITY NAME:** VALLEY PINES

**FACILITY NUMBER:** 430702352

**VISIT DATE:** 12/10/2025

NARRATIVE	
1	LPA reviewed the Centrally Stored Medication and Destruction Record (CSMDR) for 5 residents.
2	Resident R1's CMSDR was missing 2 medications and R2 was missing 1 medication. Staff entered the
3	missing medications into the CMSDR during visit.
4	
5	LPA reviewed 5 resident records. R2's resident record was missing an Appraisal/Needs and Services
6	Plan and R3's resident record was missing an Admission Agreement.
7	
8	LPA reviewed 5 staff records. 4 out of 5 staff were missing a current first aid certification.
9	
10	Deficiencies were cited as per California Code of Regulations Title 22. See LIC809-D pages for more
11	information.
12	
13	An Advisory Note was issued. See LIC9102 for more information.
14	
15	
16	LPA Marrufo requests that the following documents be updated and copies sent to the department by
17	12/17/2025:
18	
19	<b>LIC500 Personnel Report</b>
20	<b>LIC308 Designation of Administrative Responsibility</b>
21	<b>Liability Insurance</b>
22	<b>LIC610 Emergency Disaster Plan</b>
23	
24	This report was reviewed with Carolyn Heinan and a copy of this report and appeal rights were provided.
25	
26	
27	
28	Page 2 of 2.
29	
30	
31	
32	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Christine Kabariti
<b>NAME OF LICENSING PROGRAM ANALYST:</b> David Marrufo
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b> _____
<b>DATE:</b> 12/10/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b> _____
<b>DATE:</b> 12/10/2025

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**FACILITY EVALUATION REPORT (Cont)**

FACILITY NAME: VALLEY PINES

FACILITY NUMBER: 430702352

**DEFICIENCY INFORMATION FOR THIS PAGE:**

VISIT DATE: 12/10/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 12/17/2025 Section Cited	1 (c) All RCFE staff who assist residents 2 with personal activities of daily living 3 shall receive initial and annual training 4 as specified in Health and Safety Code 5 sections 1569.625 and 1569.69 (1) 6 Staff providing care shall receive 7		
	8 appropriate training in first aid from 9 persons qualified by such agencies as 10 the American Red Cross. This 11 requirement was not met as evidenced 12 by: Licensee did not ensure that 4 out 13 of 5 reviewed staff records did not have 14 a current first aid certification on file, which poses a potential safety risk to residents in care.	8 9 10 11 12 13 14	
Type B 12/17/2025 Section Cited	1 (a) The licensee shall ensure that a 2 separate, complete, and current record 3 is maintained for each resident in the 4 facility or in a central administrative 5 location readily available to facility staff 6 and to licensing agency staff. This 7 requirement was not met as evidenced by:		
	8 Licensee did not ensure that resident 9 R2's record had an Appraisal/Needs 10 and Services Plan and R3's record had 11 an Admission Agreement, which poses 12 a potential personal rights risk to 13 residents in care. 14	8 9 10 11 12 13 14	by 12/17/2025.

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:	Christine Kabariti
NAME OF LICENSING PROGRAM ANALYST:	David Marrufo
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 12/10/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 12/10/2025

# FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: VALLEY PINES

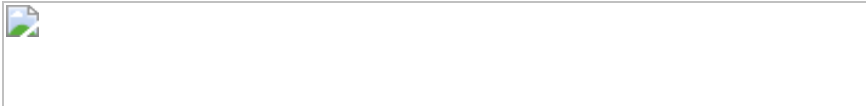
FACILITY NUMBER: 430702352

DEFICIENCY INFORMATION FOR THIS PAGE:

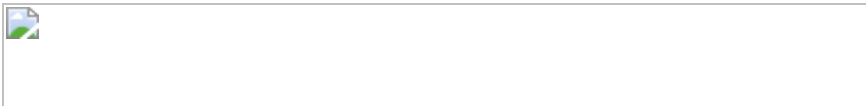
VISIT DATE: 12/10/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 12/17/2025 Section Cited	1 (h) The following requirements shall 2 apply to medications which are centrally 3 stored: (6) The licensee shall be 4 responsible for assuring that a record of 5 centrally stored prescription 6 medications for each resident is 7 maintained for at least one year and includes:		
	8 (A) The name of the resident for whom 9 prescribed. (B) The name of the 10 prescribing physician. (C) The drug 11 name, strength and quantity. (D) The 12 date filled. (E) The prescription number 13 and the name of the issuing pharmacy. 14 (F) Instructions, if any, regarding control and custody of the medication. This requirement was not met as evidenced by: Licensee did not ensure that residents R1 and R2's Centrally Stored Medication and Destruction Records did not have missing medications, which poses a potential health risk to residents in care.	8	
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	1		
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	6		
	7		

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                      Christine Kabariti  
 MANAGER:  
 NAME OF LICENSING PROGRAM                      David Marrufo  
 ANALYST:  
 LICENSING PROGRAM ANALYST SIGNATURE:  
                      DATE: 12/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:  
                      DATE: 12/10/2025

