

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202301
Report Date: 07/10/2026
Date Signed: 07/10/2026 01:05:48 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	PALM VILLAS, CAMPBELL	FACILITY NUMBER:	435202301
ADMINISTRATOR/SNEPER, GARRY		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	3333 SOUTH BASCOM AVENUE	TELEPHONE:	(408) 559-8301
CITY:	CAMPBELL	STATE: CA	ZIP CODE: 95008
CAPACITY: 48		CENSUS: 41	DATE: 07/10/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	09:45 AM
		BEGAN:	
MET WITH:	Administrator Michelle White	TIME VISIT/	
		INSPECTION	01:15 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analysts (LPA) Marcella Tarin and Coryse Ngangmenyi conducted an unannounced annual inspection and met with Administrator (ADM) Michelle White. LPAs stated the purpose of the visit. LPAs toured the interior and exterior of the facility with ADM to include the kitchen, resident rooms, dining room, bathrooms, back and front of the facility. All exit and passageways were free and clear of obstruction. The facility was observed to be clean, safe, sanitary and in good repair. LPAs toured the kitchen area and observed a perishable food supply of at least two days and a non-perishable food supply of at least seven days. LPAs observed the refrigerator temperature at 36 F and Freezer at -8 F. LPAs observed the knives as locked an inaccessible to residents. LPAs observed the main kitchen door is locked. LPAs observed the medication storage area and cleaning product storage area as locked and inaccessible to residents in care. The facility was equipped with smoke and carbon monoxide detectors. The facility fire system was inspected by an outside agency on 5/29/2026, and passed inspection. Fire extinguishers were last serviced on 3/19/2026. LPAs reviewed the facility first aid kit, and it was observed to be complete. The facility emergency drill log was reviewed. The facility's last drill was conducted on 3/16/2026.
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NAME OF LICENSING PROGRAM MANAGER: Christine Kabariti
NAME OF LICENSING PROGRAM ANALYST: Marcella Tarin

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/10/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: PALM VILLAS, CAMPBELL	FACILITY NUMBER: 435202301
	VISIT DATE: 07/10/2026

NARRATIVE	
1	LPAs toured 10 random resident bedrooms with the ADM. All 10 resident rooms have a bed, functioning
2	lights, dresser/table, bedding and space for personal belongings. LPAs toured 8 bathrooms. All 8
3	bathrooms had hand soap, hand towels and/or paper towels, functioning lights, and covered trash bins.
4	LPAs measured water temperature with a range of 105 F to 110.1 F.
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6	During tour of exterior, LPAs observed the facility laundry room to not have a door. ADM states the door
7	was removed to install new washers and dryers. LPAs observed the laundry room is located outside of a
8	locked facility gate and is not accessible to residents in care. LPAs requested ADM to provide
9	documentation of installed laundry door to CCLD once completed.
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11	LPAs reviewed 3 resident records.
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13	LPAs reviewed 3 resident's Centrally Stored Medication and Destruction Records (CSMDR's).
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15	LPAs reviewed 3 staff records.
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18	No deficiencies were cited during today's visit per California Code of Regulations Title 22. An exit
19	interview was conducted with Administrator (ADM) Michelle White and a signed copy of this report was
20	provided.
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22	Page 2 of 2
23	END OF REPORT
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NAME OF LICENSING PROGRAM MANAGER: Christine Kabariti	
NAME OF LICENSING PROGRAM ANALYST: Marcella Tarin	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/10/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/10/2026