

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202415
Report Date: 06/23/2026
Date Signed: 06/23/2026 02:40:58 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:	CASA ALICE CARE HOME	FACILITY NUMBER:	435202415
ADMINISTRATOR/PING JING ZHAO		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	809 ALICE AVENUE	TELEPHONE:	(650) 279-7488
CITY:	MOUNTAIN VIEW	STATE: CA	ZIP CODE: 94040
CAPACITY: 6		CENSUS: 4	DATE: 06/23/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	12:00 PM
		BEGAN:	
MET WITH:	Ping Jing Zhao, Administrator/Licensee	TIME VISIT/INSPECTION	02:45 PM
		COMPLETED:	

NARRATIVE	
1	On 6/23/2026, Licensing Program Analyst(LPA) John Calandra arrived at the facility to conduct the Annual 1-year required inspection. LPA Calandra was greeted by Ping Jing Zhao, Administrator/Licensee and explained the purpose of the facility.
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5	LPA toured the physical plant. This facility is a 1-story building with 6 bedrooms(5 for residents and 1 for staff), 6 bathrooms, a kitchen, dining room, living room, office, garage, and front and backyards. No accessible bodies of water or hazards were observed. All bedrooms had the required furniture and sufficient lighting. All bathrooms had anti-skid flooring and grab bars. The facility's hot water temperature was within the required 105-120 degrees Fahrenheit. The facility's fire extinguisher was observed to be fully charged and last checked on 4/2/2026. The facility had the required 7 days of perishables and 2 days of perishables on hand. No food was expired. The facility's first aid kit had all of the required items.
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9	All sharp objects, soap, detergents, and poisons were observed to be locked and in-accessible to persons in care.
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13	LPA reviewed 4 resident files and 5 staff files. All were observed to be complete.
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17	LPA requested the facility send the following documents by 6/30/2026: LIC 500(Personnel Summary Report), Current Liability Insurance. A review of Centrally Stored Medications indicated that medications for residents were properly labeled with
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21	During file review, LPA Calandra observed that the facility did not have documentation of their quarterly emergency drills. A Type B citation was issued for this deficiency. instructions on dosage and times of day and matched the Centrally Stored Medication Records(CSMR) kept at the facility.
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Deficiencies are cited under the California Code of Regulations. Failure to correct the deficiencies by the POC due date may result in Civil Penalties.

An exit interview was conducted. A copy of the report along with Appeal Rights were provided to the Administrator/Licensee.

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan

NAME OF LICENSING PROGRAM ANALYST: John Calandra

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/23/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

Page: 1 of 3

California Department of Social Services

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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Created By: John Calandra On 06/23/2026 at 02:14 PM
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: CASA ALICE CARE HOME

FACILITY NUMBER: 435202415

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/23/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	HSC	1569.695(c)	
Other Provisions					
(c) A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on record review, the licensee did not ensure that they had conducted and documented emergency drills on a quarterly basis, which poses/posed a potential health, safety or personal rights risk to persons in care.				
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	POC Due Date: 07/03/2026				
	Plan of Correction				
1	Licensee will conduct emergency drill and send documentation to the Department by the POC due date. Licensee will also submit a written statement of how they will ensure future compliance.				
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		Section Cited			

	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:	Andrea Medlin
NAME OF LICENSING PROGRAM ANALYST:	John Calandra
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/23/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/23/2026