

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202557

Report Date: 11/03/2025

Date Signed: 11/03/2025 04:32:32 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:	BED OF ROSES RESIDENTIAL CARE HOME	FACILITY NUMBER:	435202557
ADMINISTRATOR/DIRECTOR:	WILLIAMS, MARIA CHRISTINA	FACILITY TYPE:	740
ADDRESS:	1730 WHITE OAKS ROAD	TELEPHONE:	(408) 603-7598
CITY:	CAMPBELL	STATE:	CA
CAPACITY:	6	ZIP CODE:	95008
TYPE OF VISIT:	Required - 1 Year	CENSUS:	3
		DATE:	11/03/2025
		UNANNOUNCED TIME VISIT/INSPECTION:	02:00 PM
		BEGAN:	
MET WITH:	Licensee Christina Williams	TIME VISIT/INSPECTION:	04:30 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Marcella Tarin conducted an unannounced annual inspection and met
2 with Licensee Christina Williams. LPA stated the purpose of the visit.

3
4 LPA toured the interior and exterior of the facility with Licensee to include the kitchen, resident rooms,
5 dining room, bathrooms, back and front of the facility. All exits and passageways were free and clear of
6 obstruction.

7
8 LPA toured the kitchen area and observed a perishable food supply of at least two days and a non-
9 perishable food supply of at least seven days. LPA observed the medication storage area, knives
10 storage area, and cleaning product storage area as locked and inaccessible to residents in care. The
11 facility was equipped with smoke and carbon monoxide detectors. All smoke detectors functioned
12 properly when tested by Licensee. Fire extinguishers were last serviced on 11/7/2024.

13
14 The facility emergency drill log was reviewed. The facility's last drill was on 10/15/2025. LPA toured 3
15 resident bedrooms, each have a bed, functioning lights, dresser/table, bedding and space for personal
16 belongings. LPA toured 2 bathrooms. All 2 bathrooms had hand soap, paper towels, functioning lights,
17 and covered trash bins. LPA measured water temperature with a range of 115.7 F to 118 F.

18
19 LPA reviewed 3 resident records and 1 resident's Centrally Stored Medication and Destruction Records
20 (CSMDRs).
21

22
23 Page 1 of 2
24
25

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan

NAME OF LICENSING PROGRAM ANALYST: Marcella Tarin

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 11/03/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 11/03/2025

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.

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Created By: Marcella Tarin On 11/03/2025 at 04:08 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: BED OF ROSES RESIDENTIAL CARE HOME
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 435202557
VISIT DATE: 11/03/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.625(b)(2)	
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Other Provisions

(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on record review and interview, the licensee did not comply with the section cited above. 3 Out of 3 staff did not have 20 hours of annual training for 2025, which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 11/18/2025
	Plan of Correction
1	Licensee states she will submit a plan stating how she will ensure staff complete 20 hours of annual training. Licensee will submit plan of correction to CCL by POC due date of 11/18/2025.
2	
3	
4	

		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.

Brenda Chan

NAME OF LICENSING PROGRAM

MANAGER:

NAME OF LICENSING PROGRAM

Marcella Tarin

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/03/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/03/2025

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 (Cont)

FACILITY NAME: BED OF ROSES RESIDENTIAL CARE HOME

FACILITY NUMBER: 435202557

VISIT DATE: 11/03/2025

NARRATIVE

1 LPA reviewed 3 Staff records. 3 Out of 3 staff did not have annual training for 2025. LPA also observed 3
2 out of 3 Staff CPR trainings were not current. Licensee stated she will have 3 staff obtain CPR training
3 by 11/7/2025. A deficiency and Technical Violation are being issued.
4
5 A deficiency and Technical Violation were cited during today's visit per California Code of Regulations
6 Title 22. See LIC809-D and LIC9102 for more information. An exit interview was conducted with
7 Licensee Christina Williams and a signed copy of this report and appeal rights were provided.
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NAME OF LICENSING PROGRAM MANAGER: Brenda Chan

NAME OF LICENSING PROGRAM ANALYST: Marcella Tarin

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/03/2025

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