

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 435202646  
**Report Date:** 08/04/2025  
**Date Signed:** 08/04/2025 01:52:13 PM

**Document Has Been Signed on 08/04/2025 01:52 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: MAGDALENE RESIDENTIAL CARE	FACILITY NUMBER: 435202646
ADMINISTRATOR/LITERATO-HILARIO, FE DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 1109 E HOMESTEAD RD	TELEPHONE: (408) 882-3926
CITY: SUNNYVALE	STATE: CA ZIP CODE: 94087
CAPACITY: 6	CENSUS: 5 DATE: 08/04/2025
TYPE OF VISIT: POC	UNANNOUNCED TIME VISIT/ INSPECTION 01:05 PM
MET WITH: Fe Hilario	BEGAN: TIME VISIT/ INSPECTION 02:05 PM
	COMPLETED:

NARRATIVE	
1	On 08/04/2025, Licensing Program Analyst (LPA) Kiran Jain arrived at the facility to conduct a Plan of
2	Correction (POC) visit. Upon arrival, LPA met with the Licensee, Fe Hilario and disclosed the purpose of
3	the visit. The Licensee informed the LPA that there were five (5) residents in care and three (3) staff
4	members present at the time. The Licensee accompanied the LPA during the inspection.
5	
6	On 07/08/2025, the LPA conducted a Required 1-Year Annual inspection at the facility. During the
7	inspection, LPA observed a bedridden resident (R1) in shared room #2. R1 was not on hospice. Room
8	#2 did not have an approved fire clearance for a bedridden resident. Only room #4 had an approved fire
9	clearance for a bedridden resident. LPA observed that resident (R3) used a Foley catheter, but there
10	was no restricted health condition exception applied for or granted for the catheter use. As a result, two
11	(2) deficiencies were issued under regulation 87202 Fire Clearance (a) All facilities shall maintain a fire
12	clearance approved by the city, county, or city and county fire department or district providing fire
13	protection services, or the State Fire Marshal. Prior to accepting or retaining any of the following types of
14	persons, the applicant or licensee shall notify the licensing agency and obtain an appropriate fire
15	clearance approved by the city, county, or city and county fire department or district providing fire
16	protection services, or the State Fire Marshal: (2) Bedridden persons and 87616 Exceptions for Health
17	Conditions (a) As specified in Section 87209...the licensee may submit a written exception request if
18	he/she agrees that the resident has a prohibited and/or restrictive health condition. The plan of
19	corrections (POC) were developed with the Licensee.
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21	On 07/17/2025, the Licensee applied for a Suprapubic Catheter exception for R3 and 07/31/2025, the
22	exception was approved by the department.
23	
24	Continued on LIC809-C
25	

**NAME OF LICENSING PROGRAM MANAGER:** April Cowan

**NAME OF LICENSING PROGRAM ANALYST:** Kiran Jain

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/04/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/04/2025

**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.

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

**FACILITY NAME:** MAGDALENE RESIDENTIAL CARE

**FACILITY NUMBER:** 435202646

**VISIT DATE:** 08/04/2025

<b>NARRATIVE</b>	
1	On 07/09/2025, the Licensee submitted a request for shared room #2 to be inspected for the bedridden
2	fire clearance. On 07/11/2025, a fire clearance inspection request was submitted to the Sunnyvale Fire
3	Prevention Services with a request to inspect shared room #2 for the bedridden fire clearance. On
4	07/17/2025, a fire clearance inspection was conducted and the requested fire clearance was denied with
5	the reason: Bedroom 2 unsuitable for bedridden residents due to lack of direct exit. The facility was also
6	informed fire sprinkler system would be required if there are more than one (1) bedridden resident.
7	
8	Today (08/04/2025), the LPA inspected Bedroom #2, #4, and #7 and observed that Resident (R1) have
9	been moved to bedroom #4 and the resident (R5) from room #4 was transferred to room #7. The
10	previous resident (R2), who was on hospice and lived in room #7, passed away on 7/14/2025. The
11	previous bed used by R1 was observed to be empty in the shared room #2. The deficiencies for 87202
12	Fire Clearance and 87616 Exceptions for Health Conditions are corrected and are cleared.
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14	No deficiencies were cited during today's visit.
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16	An exit interview was conducted with the Licensee. A copy of this report was provided to the Licensee,
17	Fe Hilario, whose signature on this form confirms receipt of the report.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> April Cowan	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Kiran Jain	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 08/04/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 08/04/2025
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