

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202819

Report Date: 01/08/2026

Date Signed: 01/08/2026 01:33:32 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:	PALO ALTO COMMONS	FACILITY NUMBER:	435202819
ADMINISTRATOR/LI LI DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	4075 EL CAMINO WAY	TELEPHONE:	(650) 494-0760
CITY:	PALO ALTO	STATE:	CA
CAPACITY:	250	ZIP CODE:	94306
TYPE OF VISIT:	Case Management - Incident	CENSUS:	191
		DATE:	01/08/2026
		UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 11:40 AM
MET WITH:	Administrator, Li Li	TIME VISIT/INSPECTION	COMPLETED: 01:45 PM

NARRATIVE

1 On January 8, 2026, Licensing Program Analyst (LPA) Murial Han conducted an unannounced case
2 management visit to follow-up on an incident that was reported by the facility. LPA met with the
3 administrator and explained the purpose of today's visit.
4

5 On December 19, 2025, CCL received a report of suspected dependent adult/elder abuse via SOC 341
6 concerning resident #1 (R1). The report indicated on December 14, 2025, R1 called the police reporting
7 a male staff #1 (S1) "man handled" R1 while providing care.
8

9 During today's visit, LPA attempted to interview R1 but R1 was out of the facility.
10

11 LPA interviewed the administrator and the assistant administrator who stated R1 is alert but has a lot of
12 confusion. They stated that R1 preferred female caregivers and they do honored this preference but
13 when there was no female caregivers available to answer R1's call bell because they were on their
14 breaks or assisting other residents, then they would give R1 a choice either to be assisted by a male
15 caregiver or wait for a female caregiver became available. They stated that S1 has been working at the
16 facility for a couple of years and they have not gotten any complaints about S1's work performance.
17

18 The administrator and the assistant administrator reported after R1 reported the incident, they removed
19 S1 from caring for R1 and R1 was offered to be cared for by the nurse. They stated that the police
20 officer came, interviewed R1 and closed the case as there was no evidence of elder abuse occurred.
21

22 LPA interviewed facility staff and they validated the information that was provided by the administrator
23 and the assistant administrator. They also stated that R1 tends to threaten facility staff that he/she would
24 call the police if he/she did not get their way.
25

NAME OF LICENSING PROGRAM MANAGER: Cara Smith

NAME OF LICENSING PROGRAM ANALYST: Murial Han

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/08/2026

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	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: PALO ALTO COMMONS

FACILITY NUMBER: 435202819

VISIT DATE: 01/08/2026

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>Based on documents provided, LPA observed that the assistant administrator spoke with R1 after the incident and R1 agreed that when a female staff was not available, he/she would either wait until someone is available or allow a male caregiver to assist.</p> <p>No deficiency is cited today.</p> <p>This report is reviewed and discussed with the administrator and the asst administrator.</p> <p>A copy is provided.</p>

NAME OF LICENSING PROGRAM MANAGER: Cara Smith	
NAME OF LICENSING PROGRAM ANALYST: Murial Han	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/08/2026
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