

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435294170
Report Date: 12/16/2025
Date Signed: 12/16/2025 01:44:36 PM

Document Has Been Signed on 12/16/2025 01:44 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	
FACILITY EVALUATION REPORT			
FACILITY NAME: CASA PASTEL CARE HOME		FACILITY NUMBER:	435294170
ADMINISTRATOR/ZHAO, PING JING		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	13348 PASTEL LANE	TELEPHONE:	(650) 961-5368
CITY:	MOUNTAIN VIEW	STATE: CA	ZIP CODE: 94040
CAPACITY: 6		CENSUS: 6	DATE: 12/16/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	09:45 AM
		BEGAN:	
MET WITH:	Jeon Tulagan, Caregiver and Lei "Becky" Bi, House Manager	TIME VISIT/	
		INSPECTION	01:45 PM
		COMPLETED:	
NARRATIVE			
1	On 12/16/2025, Licensing Program Analyst(LPA) John Calandra arrived at the facility to conduct the		
2	Annual 1-year required inspection. LPA Calandra was greeted by Jeon Tulagan, Caregiver and		
3	explained the purpose of the visit. Lei "Becky" Bi, House Manager arrived later during the visit.		
4			
5	LPA toured the physical plant. This is a 1-story building with 9 bedrooms(6 bedrooms for residents and 3		
6	for staff), 7 bathrooms(5 for residents and 2 for staff), a back and front yard, living room, dining room,		
7	kitchen, garage, and office. All bedrooms had the required furniture and sufficient lighting. The facility's		
8	bathrooms had anti-slip flooring and grab bars. No accessible bodies of water or hazards were		
9	observed. The facility's fire alarms and carbon monoxide detectors were observed to be in working		
10	order. The facility's fire extinguisher was observed to be fully charged and last checked on 01/21/2025.		
11	The facility had the required 7 days of non perishables and 2 days of perishables on site. No food was		
12	expired. The facility's first aid kit had the required items.		
13			
14	LPA reviewed 5 resident files and 6 staff files. All were observed to be complete.		
15			
16			
17	During the visit, LPA obtained copies of the following documents: Current Liability Insurance. LPA		
18	requested Current LIC 500 and Administrator certificate be sent to the Department by 12/23/2025.		
19			
20	During file review, LPA observed no staff training records for 2025. A Type B citation was provided for		
21	this deficiency.		
22			
23	During file review, LPA also did not see notes regarding date and time of each contact with the		
24	physician, and the physician's directions, which shall be documented and maintained in the resident's		
25	facility record.		
NAME OF LICENSING PROGRAM MANAGER: Andrea Medlin			
NAME OF LICENSING PROGRAM ANALYST: John Calandra			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/16/2025

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.

Document Has Been Signed on 12/16/2025 01:44 PM - It Cannot Be Edited

Created By: John Calandra On 12/16/2025 at 01:15 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 PASTEL CARE HOME	FACILITY NUMBER: 435294170
DEFICIENCY INFORMATION FOR THIS PAGE:	VISIT DATE: 12/16/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	HSC	1569.625(b)(2)	
(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, the licensee did not have documentation of training requirements, which shall				
2	be 8 hours of dementia training and 4 hours of which shall be specific to postural supports, restricted				
3	health conditions, and hospice care, which poses/posed a potential health, safety or personal rights risk				
4	to persons in care.				
POC Due Date: 12/30/2025					
Plan of Correction					
1	Licensee will provide documentation of training to the Department by the POC due date.				
2					
3					
4					

	Section Cited				
Deficient Practice Statement					
1					
2					
3					
4					
POC Due Date:					
Plan of Correction					
1					
2					
3					
4					

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
---------------------------------------	---------------

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/16/2025

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

FACILITY NAME: CASA PASTEL CARE HOME

FACILITY NUMBER: 435294170

VISIT DATE: 12/16/2025

NARRATIVE

- 1 A review of Centrally Stored Medications indicated that medications for residents were properly labeled
- 2 with instructions on dosage and times of day and matched the Centrally Stored Medication
- 3 Records(CSMR) kept at the facility.
- 4
- 5 Deficiencies are cited under the California Code of Regulations. Failure to correct the deficiencies by the
- 6 POC due date may result in Civil Penalties.
- 7
- 8 An exit interview was conducted. A copy of this report along with Appeal Rights was provided.
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32

NAME OF LICENSING PROGRAM MANAGER: Andrea Medlin

NAME OF LICENSING PROGRAM ANALYST: John Calandra

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/16/2025