

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 435294206

Report Date: 08/22/2025

Date Signed: 08/22/2025 12:36:09 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: KIMBERLY'S ELDER KARE KOTTAGE	FACILITY NUMBER: 435294206
ADMINISTRATOR/KENDALL HALL	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 2770 MOORPARK AVENUE	TELEPHONE: (408) 483-1029
CITY: SAN JOSE	STATE: CA
CAPACITY: 6	ZIP CODE: 95128
TYPE OF VISIT: Required - 1 Year	CENSUS: 3
	DATE: 08/22/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 08:00 AM
MET WITH: Elizabeth Gonzalez	TIME VISIT/INSPECTION
	COMPLETED: 12:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) David Marrufo conducted an unannounced Required - 1 Year Visit and
2	met with staff Elizabeth Gonzalez.
3	
4	During visit, LPA toured the facility inside and out. LPA toured the kitchen area and observed there to be
5	a perishable food supply of at least two days and a non-perishable food supply of at least seven days.
6	LPA observed the first aid kit and found it to be complete.
7	
8	LPA toured two out of two resident bathrooms. Each bathroom had working lights and available soap
9	and paper towels. The water temperatures in the bathroom sinks were 112 F and 116 F.
10	
11	LPA tested the smoke detectors in the hallways and in six out of six resident bedrooms. Each smoke
12	detector functioned properly when tested. LPA tested one out of one carbon monoxide detector and it
13	functioned properly when tested.
14	
15	LPA toured six out of six resident bedrooms and found each bedroom to have working lights. All the
16	occupied bedrooms had available bedding and clothing storage areas.
17	
18	
19	During visit, LPA observed that a sliding glass door did not completely close and lock and two staff were
20	needed to open and close the sliding door. LPA observed a hole about 3 inches in diameter in one of the
21	resident bedrooms. LPA toured the outside area and found the outdoor exits were clear of obstructions.
22	
23	The Emergency Disaster Drill Log indicates the last disaster drill was conducted on 06/06/2025. See
24	LIC809-C page for more information. Page 1 of 2.
25	

NAME OF LICENSING PROGRAM MANAGER: Maria Partoza

**NAME OF LICENSING PROGRAM ANALYST:** David Marrufo

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/22/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/22/2025

**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.

LIC809 (FAS) - (09/23)

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<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:** KIMBERLY'S ELDER KARE KOTTAGE

**FACILITY NUMBER:** 435294206

**VISIT DATE:** 08/22/2025

<b>NARRATIVE</b>	
1	LPA Marrufo reviewed three out of three resident records, including Centrally Stored Medication and
2	Destruction Records. Resident R1 had the wrong prescription number for one medication.
3	
4	LPA reviewed 5 staff records. Staff S1 was missing a Health Screening Form. S2 was missing a current
5	first aid certification.
6	
7	Advisory Notes were issued. See LIC9102 forms for more information.
8	
9	A deficiency was cited as per California Code of Regulations Title 22. See LIC809-D page for more
10	information.
11	
12	LPA Marrufo requests that the following records be updated and sent to LPA Marrufo within 5 business
13	days:
14	
15	
16	<b>LIC500 Personnel Report</b>
17	<b>Current Liability Insurance Record</b>
18	<b>Emergency Disaster Plan</b>
19	
20	This report was reviewed with staff Elizabeth Gonzalez and a copy of the report and appeal rights were
21	provided.
22	
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Maria Partoza	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> David Marrufo	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 08/22/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 08/22/2025
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LIC809 (FAS) - (06/04)

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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
<b>FACILITY EVALUATION REPORT (Cont)</b>	

**FACILITY NAME:** KIMBERLY'S ELDER KARE KOTTAGE **FACILITY NUMBER:** 435294206  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 08/22/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

Type A	Section Cited	CCR	87303(a)
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87303 Maintenance and Operation (a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.


This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1	Based on observation, the licensee did not comply with the section cited above in one of the facility sliding glass doors, which could not properly be locked or opened, and one out of six resident bedrooms, which had a hole in one of the walls, which poses a safety risk to persons in care.
2	
3	
4	
<b>POC Due Date:</b> 08/23/2025	
<b>Plan of Correction</b>	
1	Licensee agrees to submit a a Plan of Correction by POC Due Date stating how the licensee will repair the sliding glass door and the hole in one of the resident bedrooms. Once repairs are made, the licensee shall submit photographic evidence of the repairs.
2	
3	
4	


Section Cited
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<b>Deficient Practice Statement</b>	
1	
2	
3	
4	
<b>POC Due Date:</b>	
<b>Plan of Correction</b>	
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.**

<b>NAME OF LICENSING PROGRAM</b>	Maria Partoza
<b>MANAGER:</b>	
<b>NAME OF LICENSING PROGRAM</b>	David Marrufo
<b>ANALYST:</b>	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 08/22/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 08/22/2025

