

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435294219
Report Date: 11/13/2025
Date Signed: 11/13/2025 03:45:43 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:	2 ALL ABOUT SENIORS	FACILITY NUMBER:	435294219
ADMINISTRATOR/KENDALL HALL DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	1474 POMPEY DRIVE	TELEPHONE:	(408) 483-2433
CITY:	SAN JOSE	STATE: CA	ZIP CODE: 95128
CAPACITY: 6		CENSUS: 5	DATE: 11/13/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	12:45 PM
MET WITH:	Staff Anabelle Esparanza	BEGAN: TIME VISIT/ INSPECTION	03:50 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Manuel Monter conducted an unannounced annual inspection visit, and met with Administrator Kendal Hall. ADM arrived and spoke with LPA. ADM stated he has an ongoing project with the other facility. ADM stated staff (S1) Anabelle Esparanza can assist LPA with the annual inspection. During the visit, LPA observed 5 residents and 2 staff. LPA explained the purpose of the visit.
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7	LPA toured the facility inside out with S1 which included the Living room, kitchen, dining room, restrooms and 6 residents bedrooms. The staff area of the facility was also inspected. The front yard and backyard were inspected. There was no obstruction to block the walkways.
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10	Two-day perishable food supplies and seven day nonperishable food supplies were observed. LPA observed the medication storage area, knives storage area, and cleaning product storage area as locked and inaccessible to residents in care. Room temperature was at 75 degrees F, and hot water temperature was measured at 116 degrees F in resident bathrooms.
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15	Fire extinguisher was serviced in January 2025. The facility was equipped with smoke and carbon monoxide detectors. Smoke detectors was tested by S1, and were functional. LPA observed facility first aid kit and facility fire/earthquake drill log. The facility's last drill was on September 11, 2025.
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19	LPA reviewed facility records for 3 residents. LPA reviewed 3 resident medications and centrally stored medication records. LPA reviewed facility records for 3 staff. LPA requested to review the staff training records for staff S2 and S3. S1 stated that staff S2 and S3 did conduct their training's, but could not find the documentation. At the conclusion of this visit, LPA was not provided staff training documents to review.
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Page 1 Out of 2.	

NAME OF LICENSING PROGRAM MANAGER: Romeo Manzano
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/13/2025

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

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	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: 2 ALL ABOUT SENIORS **FACILITY NUMBER:** 435294219
VISIT DATE: 11/13/2025

NARRATIVE	
1	During todays visit LPA discussed the passing of one of the licensees. ADM stated the Licensee Patrick Hall passed away in 2022. ADM stated he notified Licensing via email. ADM stated he will send a letter to Licensing, which request to remove Patrick Hall as a licensee. ADM stated he will also attach a copy of Licensee Patrick Hall's death certificate. Elopement April 3, 2025 During today's visit, LPA Manuel Monter followed up on an elopement that occurred on April 3, 2025, regarding resident R1. LPA interviewed Staff two staff regarding the incident. LPA requested to see a copy of resident R1's Appraisal needs and Services Plan (ANS). S1 stated the ANS dated March 10, 2025 is the only ANS they have. LPA asked S1 if they updated R1's ANS after the elopement that occurred on April 3, 2025. S1 stated R1's ANS was not updated after his/her elopement. LPA determined this incident requires further investigation. Deficiencies cited during today's visit. This report was reviewed with Staff Anabelle Esparanza and a copy of the signed report was provided. Appeal rights were provided.
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NAME OF LICENSING PROGRAM MANAGER: Romeo Manzano NAME OF LICENSING PROGRAM ANALYST: Manuel Monter LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 11/13/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 11/13/2025

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

FACILITY NAME: 2 ALL ABOUT SENIORS

FACILITY NUMBER: 435294219

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/13/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87412(f)	
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Personnel Records

(f) All personnel records shall be available to the licensing agency to inspect, audit, and copy upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the following requirements:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on interview, the licensee did not comply with the section cited above. LPA requested to review the staff training records for staff S2 and S3. S1 stated that staff S2 and S3 did conduct their training's, but could not find the documentation. At the conclusion of this visit, LPA was not provided staff training documents to review. This poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 11/20/2025
	Plan of Correction
1 2 3 4	ADM stated he will send a letter of understanding regarding the regulation. ADM stated he will also send Staff S2 and S3's 2025 training records. ADM stated he will submit the plan of correction to LPA by POC due date, November 20, 2025.

	Type B	Section Cited	CCR	87463(a)	
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Reappraisals

(a) The pre-admission appraisal, as specified in Section 87457, Pre-Admission Appraisal, shall be updated, in writing as frequently as necessary or once every 12 months, whichever occurs first, to note significant changes in condition, as defined in Section 87101, Definitions, and to keep the appraisal accurate. For the purposes of this section, the updated pre-admission appraisal shall be referred to as the reappraisal.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on interview and records reviewed, the licensee did not comply with the section cited above. LPA requested to see a copy of resident R1's Appraisal needs and Services Plan (ANS). LPA asked S1 if they updated R1's ANS after the elopement that occurred on 4/3/25. S1 stated the ANS dated 3/10/25 is the only ANS they have and R1's ANS was not updated after his/her elopement. This poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 11/20/2025
	Plan of Correction
1 2 3 4	ADM stated he will send a letter of understanding regarding the regulation. ADM stated he will submit the plan of correction to LPA by POC due date, November 20, 2025.

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:	Romeo Manzano
NAME OF LICENSING PROGRAM ANALYST:	Manuel Monter
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 11/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/13/2025