

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 045920394
Report Date: 02/19/2026
Date Signed: 02/19/2026 02:44:01 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
FACILITY EVALUATION REPORT	

FACILITY NAME:	EMERALD DREAMCARE HOME	FACILITY NUMBER:	045920394
ADMINISTRATOR/MURILLO, AARON		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	2289 BAR TRIANGLE ST	TELEPHONE:	(530) 715-4794
CITY:	CHICO	STATE:	CA
CAPACITY:	6	ZIP CODE:	95928
TYPE OF VISIT:	Prelicensing	CENSUS:	5
		DATE:	02/19/2026
		UNANNOUNCED TIME VISIT/	
		INSPECTION	01:30 PM
		BEGAN:	
MET WITH:	Aaron Murillo, Licensee/Administrator	TIME VISIT/	
		INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE	
1	On February 19, 2026, Licensing Program Analyst (LPA) Kayla Adkison arrived at the facility to conduct a scheduled pre-licensing inspection for a change of ownership (CHOW) with residents in care. LPA met with licensee/administrator, Aaron Murillo, and explained the purpose of the visit. Licensee has waived Comp 3 due to the facility already being in operation. Administrator has been employed in this position with the facility for three (3) years. During the inspection, there were five (5) residents and two (2) staff providing care. LPA observed residents to be watching television and resting during the inspection.
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8	LPA and Licensee toured the facility inside and out. LPA observed the facility to be clean and in good repair. All walkways and ramps were without obstruction. The facility has received a fire clearance for six (6) residents, all of which may be non-ambulatory. The facility has an approved hospice waiver for two (2) residents. The facility has five (5) client bedrooms and two (2) bathrooms. LPA observed a kitchen table with seating for 6 and ample seating in the living room to accommodate all residents in care. Bedrooms were observed to have all required furniture and all beds were made up with clean linens. All exterior doors sound when opened. The backyard has a covered area for client use and clear walkways for clients to ambulate with ease. There are no bodies of water on the premises and all exterior were gates were unlocked.
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15	The facility has a two-day perishable and seven-day non-perishable food supply . Plates, utensils, pots, and pans were in place during the inspection. Dishwasher, stove, microwave, and refrigerator were all present and working. LPA observed (2) two fully charged fire extinguishers which were purchased by the licensee in June 2025. LPA observed smoke alarms and carbon monoxide detectors to be functioning and are hard wired into the facility. First aid kit is stocked and available for use. LPA observed all medications to be kept locked in a closet and inaccessible to clients in care. Administrator indicated they are the only staff member who passes medications.
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Pre-Licensing is complete and this facility has no deficiencies. LPA will contact the Central Application Bureau. Exit Interview and copy of report was provided to the licensee

NAME OF LICENSING PROGRAM MANAGER: Lauren Crocker

NAME OF LICENSING PROGRAM ANALYST: Kayla Adkison

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/19/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

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California Department of Social Services

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.