

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 486803614  
Report Date: 08/26/2025  
Date Signed: 08/26/2025 11:13:14 AM

Document Has Been Signed on 08/26/2025 11:13 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: OAKWOOD MEMORY & SENIOR CARE	FACILITY NUMBER: 486803614
ADMINISTRATOR/MAHAWAR, RASHMIKA DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 1025 OAKWOOD AVENUE	TELEPHONE: (707) 643-0473
CITY: VALLEJO	STATE: CA
CAPACITY: 30	ZIP CODE: 94591
TYPE OF VISIT: Office	CENSUS: 0
	ANNOUNCED
	DATE: 08/26/2025
	TIME VISIT/INSPECTION BEGAN: 10:00 AM
MET WITH: Rose Mahawar and Suresh Mahawar, Licensees	TIME VISIT/INSPECTION COMPLETED: 11:15 AM

### NARRATIVE

1 The California Department of Social Services (CDSS) Community Care Licensing (CCL) Santa Rosa  
2 Regional Office conducted an in office on August 26, 2025. Present in the meeting, Victoria Bertozzi,  
3 Licensing Program Manager (LPM), Licensing Program Analyst (LPA) Elias Magdaleno, and Licensee,  
4 Rose Mahawar. Licensee, Suresh Mahawar and LPM Bethany Moellers were available remotely. LPM  
5 and LPA reviewed the Default Decision and Order with the licensees during the meeting. A copy of the  
6 Default Decision and Order signed 8/1/2025 and effective 9/30/2025 was provided to the licensee.  
7  
8 Suresh Mahawar and Rose Mahawar operated Rose Haven, 286803790 which is now closed. Oakwood  
9 Memory Care & Senior Care, 486803614 with licensee on record MAHAWAR CARE,LLC was discussed  
10 during today's meeting. There are currently 14 residents in care. It was advised changes to the LLC  
11 members will need to be made in order to be in compliance with the Default Decision and Order.  
12 Licensee was informed failure to make required changes may result in the Department taking further  
13 action regarding the operation of Oakwood memory Care & Senior Care.  
14  
15 In the event Licensee decides to close 486803614 Health and Safety code was provided to ensure  
16 compliance with regulation.  
17  
18 Licensee confirmed she has contact information for the Department's attorney handing the stated case  
19 and was provided the Department's application unit information for clarifying questions.  
20  
21 Continued LIC809C...

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi  
NAME OF LICENSING PROGRAM ANALYST: Elias Magdaleno

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 08/26/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 08/26/2025

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

LIC809 (FAS) - (06/04)

California Health &amp; 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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
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**FACILITY NAME:** OAKWOOD MEMORY & SENIOR CARE

**FACILITY NUMBER:** 486803614

**VISIT DATE:** 08/26/2025

NARRATIVE	
1	Continued from LIC809...
2	
3	Licensee has provided an LIC3 8- Designation of Facility Responsibility for change of Administrator. The
4	following items are requested for review:
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6	<ul style="list-style-type: none"> <li>• Copy of active and current Administrator Certificate</li> </ul>
7	
8	<ul style="list-style-type: none"> <li>• Copy of Board of Directors Resolution Meeting Minutes Signed</li> </ul>
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10	<ul style="list-style-type: none"> <li>• Administrator Resume</li> </ul>
11	
12	<ul style="list-style-type: none"> <li>• LIC500 - Personnel Report</li> </ul>
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16	CCL has also requested the operating agreement for Mahawar Care, LLC to determine what percentage
17	each individual owns.
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19	No citations issued at time of office meeting.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Victoria Bertozzi <b>NAME OF LICENSING PROGRAM ANALYST:</b> Elias Magdaleno <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 08/26/2025
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**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 08/26/2025
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