

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486803873
Report Date: 09/08/2026
Date Signed: 09/08/2026 02:42:31 PM

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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	
FACILITY EVALUATION REPORT			
FACILITY NAME: BRIGHT PATH CARE HOME		FACILITY NUMBER:	486803873
ADMINISTRATOR/VAN EDUARD ALVAREZ		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	2170 HAUSAM LANE	TELEPHONE:	(760) 646-3212
CITY:	FAIRFIELD	STATE: CA	ZIP CODE: 94533
CAPACITY: 6		CENSUS: 6	DATE: 09/08/2026
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME VISIT/	
		INSPECTION	01:46 PM
		BEGAN:	
MET WITH: Van Eduard Alvarez-Administrator		TIME VISIT/	
		INSPECTION	02:50 PM
		COMPLETED:	
NARRATIVE			
1	At approximately 1:45 PM, Licensing Program Analyst (LPA) Star Stevenson arrived unannounced to		
2	BEGIN a required 1-year annual inspection and was by two greeted staff members including staff		
3	member Julius Jumawid (RP) who called Administrator Van Alvarez to advise of the start of the required		
4	annual inspection. Administrator Van Alvarez arrived at approximately 2:15 PM to further assist with		
5	today's portion of the annual inspection.		
6			
7	Facility is a Residential Care Facility for the Elderly (RCFE) with six (6) residents in care. LPA was		
8	informed that two (2) residents were away at Day Program and the remaining four (4) residents were		
9	present during today's visit. Facility has a hospice waiver for two (2), a bedridden waiver for one (1), is		
10	approved for all non-ambulatory residents, and is vendorized with North Bay Regional Center (NBRC).		
11			
12	Administrator was advised that a simple "Statement of Information" with the Secretary of State's office		
13	was due and document left.		
14			
15	At approximately 2:00 PM, LPA initiated a tour of the facility with RP and observed the following: Facility		
16	is a two story home with a gate preventing resident access to the upstairs. Facility was a comfortable		
17	temperature, and passageways were free from obstructions. Facility has a required evacuation chair		
18	mounted on the stairs. Water temperatures in clients' bathrooms measured within the allowable range of		
19	105 to 120 degrees F per Title 22 regulations. LPA observed a supply of clean linens and paper		
20	products available to clients. Clients' bedrooms were inspected and observed to have appropriate		
21	furnishings as outlined in Title 22 regulations. Cabinets containing cleaning supplies and other items that		
22	could pose a risk were locked. Facility has at least two days of perishable food and one week of non-		
23	perishable foods, as well as an emergency water supply. Medications were centrally stored and locked.		
24	There is a covered seating area in the backyard with outdoor space for activities. LPA observed an		
25	activity schedule and was informed that each NBRC client has their own internet access device and the		
	facility has an additional devices available for resident use.		
Bethany Moellers			



DATE: 09/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/08/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BRIGHT PATH CARE HOME **FACILITY NUMBER:** 486803873
VISIT DATE: 09/08/2026

NARRATIVE	
1	Continued from LIC809..
2	Facility's fire extinguishers were observed charged and were last serviced July 2026 Centrally wired
3	smoke detectors in the main house were tested and automatic fire door to back bedrooms was noted to
4	automatically shut to smoke detector testing. Carbon Monoxide detector was tested and operational
5	during inspection.
6	
7	LPA observed emergency supplies, a first aid kit, and flashlights for emergency preparedness, as well
8	as, a back-up lithium power station if needed.
9	
10	LPA will return at a later unannounced date to complete the annual required inspection.
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12	No deficiencies are cited today.
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NAME OF LICENSING PROGRAM MANAGER: Bethany Moellers	
NAME OF LICENSING PROGRAM ANALYST: Star Stevenson	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/08/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/08/2026