

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486803912
Report Date: 06/19/2026
Date Signed: 06/19/2026 02:15:19 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:	A LOVING LIVING HOME CARE	FACILITY NUMBER:	486803912
ADMINISTRATOR/LOVELYN HOJILLA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	224 LOCH LOMOND DRIVE	TELEPHONE:	(707) 469-9029
CITY:	VACAVILLE	STATE: CA	ZIP CODE: 95687
CAPACITY: 6		CENSUS: 4	DATE: 06/19/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	11:45 AM
		BEGAN:	
MET WITH:	Administrator, Lovelyn Hojila	TIME VISIT/INSPECTION	02:25 PM
		COMPLETED:	

NARRATIVE	
1	On 06/19/2026 at approximately 11:45AM, Licensing Program Analyst (LPA) Ali Deniz arrived unannounced to conduct 1-Year Required visit of this licensed Residential Care Facility for The Elderly (RCFE). LPA was greeted by Staff, Suzette Hojilla. Administrator, Lovelyn Hojilla arrived shortly after. Facility has an approved fire clearance and capacity for six (6) which four (4) residents may be non-ambulatory, and two (2) residents may be bedridden. The facility currently approved for capacity of six (6) residents. Facility has an approved hospice waiver for three (3) individuals. Upon arrival, LPA was informed that there were four (4) residents in care and two (2) staff members on-site. Facility is a 1 story building with 6 Resident bedrooms, 2 bathrooms, and common spaces. At approximately 12:15PM, LPA reviewed the Facility's Staff Roster and found that all staff on-site were background cleared and associated to the facility per regulation. At approximately 11:05AM, LPA and Administrator toured the building and grounds which was found to be clean and in good repair. LPA observed all walkways and exits to be unobstructed. All notices that are required to be posted have been posted and are in a highly visible area. LPA observed activity supplies for resident use. The amount of fresh and nonperishable foods is within regulation. Facility kitchen, refrigerators and freezers were clean, and food was stored properly. Staff were in the process of preparing lunch and cleaning up kitchen at the time of this inspection. Toxins are stored in a locked housekeeping closet in the laundry room. Water temperature measured 113.2 degrees F which is within regulation between 105- and 120-degrees F at faucets accessible to residents. Fire Extinguishers found to be last charged on 07/09/2025 at the time of visit. Carbon Monoxide and smoke detectors were present and in order. There was enough lighting in all common areas, resident rooms, and hallways. Medication is centrally stored and secure in a cabinet closet next to the dining room. Continued on LIC809-C...
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NAME OF LICENSING PROGRAM ANALYST: Ali Deniz

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/19/2026

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

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: A LOVING LIVING HOME CARE **FACILITY NUMBER:** 486803912
VISIT DATE: 06/19/2026

NARRATIVE	
1	Continued from LIC809...
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3	At approximately 01:20PM, LPA reviewed three (3) resident records and found all residents have current
4	care plans, signed admission agreements, and physician's report on file. Medication records are
5	thorough and contained physician's orders for each resident. LPA also reviewed three (3) staff records.
6	All records did contain documentation of completed training records as required. Evidence of current
7	first aid and CPR training were current. LPA was presented with proof of current CPR & 1 st Aid
8	certification. Administrator Certificate is for Lovelyn Hojilla #7033480740 expires 01/05/2028.
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13	LPA reviewed the facility emergency disaster plan. Facility has supplies enough to operate for more than
14	72 hours in an emergency. Facility conducted and documented a disaster drill on 06/01/2026.
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16	Updated copies of the following documents were requested for facility file and are to be
17	submitted to CCL by due date of 06/29/2026:
18	-LIC 308 Designation of Facility Responsibilities
19	-LIC 500 Personnel Summary
20	-LIC 610 Emergency Disaster Plan (Last page)
21	-LIC 9020 Register of Facility Client's/Resident's
22	-Copy/Proof of Updated Certificate of Liability Insurance
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24	No deficiencies were observed in the areas inspected, No citations were issued during today's visit.
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26	Exit interview conducted. Copy of report provided to Administrator. Signature on form confirms receipt of
27	documents.
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NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi	
NAME OF LICENSING PROGRAM ANALYST: Ali Deniz	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/19/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/19/2026