

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 486803912
Report Date: 06/16/2025
Date Signed: 06/16/2025 12:02:32 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: 06/16/2025
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION 09:30 AM
	BEGAN: TIME VISIT/ INSPECTION 12:25 PM
MET WITH: Administrator, Lovelyn Hojila	COMPLETED:

NARRATIVE	
1	On 06/16/2025 at approximately 09:35AM, Licensing Program Analyst (LPA) Ali Deniz arrived
2	unannounced to conduct 1-Year Required visit of this licensed Residential Care Facility for The Elderly
3	(RCFE). LPA was greeted by Staff, Suzette Hojilla. Administrator, Lovelyn Hojilla arrived during visit at
4	approximately at 10:10AM.
5	Facility has an approved fire clearance and capacity for 6 non-ambulatory residents. The facility
6	currently approved for capacity of 6 residents. Facility has an approved hospice waiver for 3 individuals.
7	Upon arrival, LPA was informed that there were 4 residents in care and 2 staff members on-site. Facility
8	is a 1 story building with 6 Resident bedrooms, 2 bathrooms, and common spaces.
9	
10	At approximately 10:45AM, LPA reviewed the Facility's Staff Roster and found that all staff on-site were
11	background cleared and associated to the facility per regulation.
12	
13	At approximately 11:05AM, LPA and Licensee toured the building and grounds which was found to be
14	clean and in good repair. LPA observed all walkways and exits to be unobstructed. All notices that are
15	required to be posted have been posted and are in a highly visible area. LPA observed activity supplies
16	for resident use. The amount of fresh and nonperishable foods is within regulation. Facility kitchen,
17	refrigerators and freezers were clean, and food was stored properly. Staff were in the process of
18	cleaning up kitchen at the time of this inspection. Toxins are stored in a locked housekeeping closet in
19	the laundry room. Water temperature measured 110.6 degrees F and 112.4 degrees F which is within
20	regulation between 105- and 120-degrees F at faucets accessible to residents.
21	
22	Continued on LIC809-C...
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi

NAME OF LICENSING PROGRAM ANALYST: Ali Deniz

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/16/2025

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 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.

LIC809 (FAS) - (09/23)

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

FACILITY NAME: A LOVING LIVING HOME CARE

FACILITY NUMBER: 486803912

VISIT DATE: 06/16/2025

NARRATIVE	
1	Continued from LIC809...
2	
3	Fire Extinguishers found to be last charged on 07/30/2024 at the time of visit. Carbon Monoxide and
4	smoke detectors were present and in order. There was enough lighting in all common areas, resident
5	rooms, and hallways. Medication is centrally stored and secure in a cabinet closet next to the dining
6	room.
7	
8	
9	
10	
11	At approximately 11:35AM, LPA reviewed 2 resident records and found 2 of 2 residents have current
12	care plans, signed admission agreements, and physician's report on file. 1 out of 2 residents did not
13	have TB test result on file. Administrator agreed to share TB test results for R1 with the Community Care
14	Licensing (Technical advice given). Medication records are thorough and contained physician's orders
15	for each resident.
16	
17	At approximately 11:45AM, LPA reviewed 3 staff records. 3 of 3 records did contain documentation of
18	completed training records as required. Evidence of current first aid and CPR training were current. LPA
19	was presented with proof of current CPR & 1 st Aid certification for the all staff. Administrator Certificate
20	is for Lovelyn Hojilla #7033480740 expires 01/05/2026.
21	
22	LPA reviewed the facility emergency disaster plan. Facility has supplies enough to operate for more than
23	72 hours in an emergency. Facility conducted and documented a disaster drill on 06/10/2025.
24	
25	Updated copies of the following documents were requested for facility file and are to be
26	submitted to CCL by due date of 06/26/2025:
27	-LIC 308 Designated
28	-LIC 500 Personnel Summary
29	-LIC 610 Emergency Disaster Plan
30	-LIC 9020 Register of Facility Client's/Resident's
31	-Copy/Proof of Updated Certificate of Liability Insurance
32	
	No deficiencies were observed in the areas inspected, No citations were issued during today's visit.
	Exit interview conducted. Copy of report provided to Licensee. Signature on form confirms receipt of documents.

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi	
NAME OF LICENSING PROGRAM ANALYST: Ali Deniz	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/16/2025

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

DATE: 06/16/2025