

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 496802047  
**Report Date:** 04/11/2025  
**Date Signed:** 04/11/2025 11:40:40 AM

**Document Has Been Signed on 04/11/2025 11:40 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:	SILVA BOARD AND CARE	FACILITY NUMBER:	496802047
ADMINISTRATOR/TRINIDAD, JOEL		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(707) 542-3500
ADDRESS:	1130 SILVA AVE	ZIP CODE:	95404
CITY:	SANTA ROSA	STATE: CA	
CAPACITY: 6		CENSUS: 6	
TYPE OF VISIT:	Required - 1 Year	DATE:	04/11/2025
		UNANNOUNCED TIME VISIT/INSPECTION	08:30 AM
		BEGAN:	
MET WITH:	Joel Trinidad, Administrator	TIME VISIT/INSPECTION	11:50 AM
	Helen Trinidad, Co-Administrator	COMPLETED:	

NARRATIVE	
1	At approximately 8:30 AM, Licensing Program Analyst (LPA) Robert Frank arrived unannounced to
2	conduct a Required 1 Year visit and was greeted by Caregiver (CG) Norma Cabrias. Back-Up
3	Administrator (BUA) Helen Trinidad arrived at 8:45 AM. Administrator Joel Trinidad arrived at 8:50 AM.
4	Silva Board and Care is Licensed as a Residential Care Facility for the Elderly (RCFE). The facility is a
5	single story ranch house with a large backyard and patio area. The facility has an approved fire
6	clearance for six (6) non-ambulatory residents. The facility has a Hospice Waiver for three (3) residents.
7	Upon arrival, LPA was informed that there were six (6) residents in care and two (2) staff members on-
8	site. At approximately 8:50 AM, LPA reviewed the Facility's Staff Roster and found that all staff on-site
9	were background cleared and associated to the facility per regulation.
10	
11	At approximately 9:00 AM, LPA toured the facility with BUA Trinidad. All exits were clear and
12	unobstructed. The facility's fire extinguisher was last serviced and tagged on 7/23/2024. Fire
13	Department inspected and cleared the fire alarm system in 9/2024. The facility was sufficiently lighted.
14	LPA inspected four (4) resident bedrooms and found all to have sufficient lighting and furnishings as
15	required per Title 22 Regulations. There was a sufficient supply of both perishable and nonperishable
16	foods as required by Title 22 Regulations. There was an appropriate supply of cleaning products, linens,
17	hygiene products and paper products available for residents. Toxins were observed to be stored
18	inaccessible to residents. Facility has an infection control plan as required. The facility has a required
19	emergency disaster plan. The facility is conducting fire and emergency drills quarterly. The last disaster
20	drill was conducted on 3/15/2025.
21	
22	Continued on 809-C...
23	
24	
25	

**NAME OF LICENSING PROGRAM MANAGER:** Victoria Bertozzi

**NAME OF LICENSING PROGRAM ANALYST:** Robert Frank

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 04/11/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/11/2025

**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.

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

**FACILITY NAME:** SILVA BOARD AND CARE

**FACILITY NUMBER:** 496802047

**VISIT DATE:** 04/11/2025

<b>NARRATIVE</b>	
1	...Continued from 809
2	
3	The facility does have emergency food and supplies to meet the "72 hour shelter in place" requirements.
4	Hot water temperatures for all sinks in facility were found to be within Title 22 regulations of 105 to 120
5	degrees Fahrenheit. Facility smoke detectors and carbon monoxide detectors were tested and observed
6	to be operational.
7	
8	At approximately 9:50 AM, LPA reviewed five (5) resident files. Five (5) of five (5) resident files were
9	found to be well organized and thorough with all required documentation. LPA reviewed four (4) staff
10	files. All staff files were found to be well organized with all required documentation including First Aid
11	and CPR certification and proper training documentation. LPA spot checked Medication for three (3)
12	residents. LPA observed all medications to be centrally stored, secure and with proper documentation.
13	The facility does not handle resident's monies for personal and incidental items.
14	
15	Joel Trinidad's Administrator Certification 7006973740 is current with an expiration date of 11/22/2026.
16	
17	Helen Trinidad's Administrator Certification 7002182740 is current with an expiration date of 8/26/2025.
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19	
20	
21	LPA requested the following documents be submitted to Community Care Licensing by 5/11/2025:
22	
23	LIC 500 Personnel Report
24	LIC 308 Designation of Responsibility
25	LIC 610E Emergency Disaster Plan
26	Updated Liability Insurance policy
27	
28	No deficiencies cited during today's visit.
29	
30	
31	Exit interview conducted. Copy of report discussed and provided to Administrator Trinidad. Signature on
32	form confirms receipt of documents.

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Victoria Bertozzi
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Robert Frank
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>
<b>DATE:</b> 04/11/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>
<b>DATE:</b> 04/11/2025