

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496802047

Report Date: 03/24/2026

Date Signed: 03/24/2026 04:14:02 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:	SILVA BOARD AND CARE	FACILITY NUMBER:	496802047
ADMINISTRATOR/TRINIDAD, JOEL		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(707) 542-3500
ADDRESS:	1130 SILVA AVE	STATE: CA	ZIP CODE: 95404
CITY:	SANTA ROSA	CENSUS: 6	DATE: 03/24/2026
CAPACITY: 6		UNANNOUNCED TIME VISIT/	
TYPE OF VISIT: Required - 1 Year		INSPECTION	12:15 PM
		BEGAN:	
MET WITH: Joel Trinidad, Administrator		TIME VISIT/	
		INSPECTION	04:20 PM
		COMPLETED:	

NARRATIVE

1 At approximately 12:15 PM, Licensing Program Analyst (LPA) Robert Frank arrived unannounced to
2 conduct a Required 1 Year visit. Administrator Joel Trinidad arrived at 12:50 PM. Silva Board and Care
3 is Licensed as a Residential Care Facility for the Elderly (RCFE). The facility is a single story ranch
4 house with a large backyard and patio area. The facility has an approved fire clearance for six (6) non-
5 ambulatory residents. The facility has a Hospice Waiver for three (3) residents. Upon arrival, LPA was
6 informed that there were six (6) residents in care and two (2) staff members on-site. LPA reviewed the
7 Facility's Staff Roster and found that all staff on-site were background cleared and associated to the
8 facility per regulation.
9
10 At approximately 12:55 PM, LPA toured the facility with Administrator Trinidad. All exits were clear and
11 unobstructed. The facility's fire extinguisher was last serviced and tagged on 8/21/2025. The facility was
12 sufficiently lighted. LPA inspected four (4) resident bedrooms and found all to have sufficient lighting and
13 furnishings as required per Title 22 Regulations. There was a sufficient supply of both perishable and
14 nonperishable foods as required by Title 22 Regulations. There was an appropriate supply of cleaning
15 products, linens, hygiene products and paper products available for residents. Toxins were observed to
16 be stored inaccessible to residents. Facility has an infection control plan as required. The facility has a
17 required emergency disaster plan. The last disaster drill was conducted on 2/25/2026. The facility does
18 have emergency food and supplies to meet the "72 hour shelter in place" requirements. Hot water
19 temperatures for all sinks in facility were found to be within Title 22 regulations of 105 to 120 degrees
20 Fahrenheit. Facility smoke detectors and carbon monoxide detectors were tested and observed to be
21 operational.
22
23 Continued on 809-C...
24
25

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi

NAME OF LICENSING PROGRAM ANALYST: Robert Frank

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/24/2026

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.

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

FACILITY NUMBER: 496802047

VISIT DATE: 03/24/2026

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>...Continued from 809</p> <p>LPA reviewed five (5) resident files. Four (4) of five (5) resident files (for residents R1, R2, R3 & R4) were observed not to contain Resident Re-appraisals for years prior to 2026. LPA was informed that these previous years' documents were thrown away. California Code of Regulations (CCR) requires that all original records or photographic reproductions shall be retained for a minimum of three (3) years following termination of service to the resident. This deficiency will be cited. LPA reviewed four (4) staff files. One (1) of four (4) staff files (for staff member S1) were observed not to contain proof of annual training for 2025. This deficiency will be cited. LPA audited Medication for three (3) residents. LPA observed all medications to be centrally stored, secure and with proper documentation. The facility does not handle resident's monies for personal and incidental items.</p> <p>Joel Trinidad's Administrator Certification 7006973740 is current with an expiration date of 11/22/2026.</p> <p>LPA requested the following documents be submitted to Community Care Licensing by 4/23/2026:</p> <ul style="list-style-type: none"> LIC 500 Personnel Report LIC 610E Emergency Disaster Plan Updated Liability Insurance policy Updated Lease <p>Deficiencies are cited from the California Code of Regulations (CCRs), and/or the Health and Safety Code. Failure to correct the cited deficiency, on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.</p> <p>Exit interview conducted. Copy of report, LIC-809D, Plan of Corrections, LIC-811 Confidential Names, LIC-9098 Proof of Corrections, CCR-87506 Resident Records and Appeal Rights discussed and provided to Administrator Trinidad. Signature on form confirms receipt of documents.</p>

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi	
NAME OF LICENSING PROGRAM ANALYST: Robert Frank	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 03/24/2026

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** SILVA BOARD AND CARE**FACILITY NUMBER:** 496802047**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 03/24/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)****Type B****Section Cited****HSC****1569.625(b)(2)****Other Provisions**

(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on observation & record review, the licensee did not comply with the section cited above in that
2 one (1) of four (4) staff files (for staff member S1) were observed not to contain proof of annual training
3 for 2025, which poses a potential health, safety or personal rights risk to persons in care.
4

POC Due Date: 04/23/2026**Plan of Correction**

1 Licensee to submit proof to Community Care Licensing (CCL) that staff member S1 has begun their
2 annual training or their Administrator training by POC due date of 4/23/2026
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4

Type B**Section Cited****CCR****87506(e)**

87506 Resident Records (e) Original records or photographic reproductions shall be retained for a minimum of three (3) years following termination of service to the resident.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on observation record review and express admission, the licensee did not comply with the
2 section cited above in that four (4) of five (5) resident files (for residents R1, R2, R3 & R4) were
3 observed not to contain Resident Re-appraisals for years prior to 2026. LPA was informed that these
4 previous years' documents were thrown away which poses a potential health, safety or personal rights
risk to persons in care.

POC Due Date: 04/23/2026**Plan of Correction**

1 Licensee to submit an LIC-9098 Self Certification stating that they have read and understand California
2 Code of Regulations (CCR) 87506 Resident Records to CCL by POC due date of 4/23/2026.
3
4

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM Victoria Bertozzi**MANAGER:****NAME OF LICENSING PROGRAM** Robert Frank**ANALYST:****LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 03/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/24/2026