

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 496803632  
Report Date: 07/29/2025  
Date Signed: 07/29/2025 02:26:08 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
<b>FACILITY EVALUATION REPORT</b>		COMMUNITY CARE LICENSING DIVISION	
		SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100	
		SANTA ROSA, CA 95405	
FACILITY NAME: SERENITY BOARD AND CARE		FACILITY NUMBER:	496803632
ADMINISTRATOR/HELEN TRINIDAD		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(707) 537-1933
ADDRESS: 407 CALISTOGA ROAD	STATE: CA	ZIP CODE:	95409
CITY: SANTA ROSA	CENSUS: 6	DATE:	07/29/2025
CAPACITY: 6	UNANNOUNCED TIME VISIT/	INSPECTION	09:04 AM
TYPE OF VISIT: Required - 1 Year	BEGAN:	TIME VISIT/	INSPECTION
MET WITH: Helen Trinidad, Administrator	COMPLETED:		02:40 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Christi Coppo arrived unannounced to conduct a required Annual
2	inspection and was greeted by caregiver. Administrator Helen Trinidad Administrator Certificate
3	7002182740 expires 8/26/25. LPA and Administrator discussed facility's Infection Control Plan and
4	Emergency Disaster plan. No new updates.
5	
6	At approximately 9:30am LPA toured the building and grounds. The facility was found to be clean and at
7	a comfortable temperature. LPA observed at least a 2 day supply of perishable and 7 day supply of non-
8	perishable food. Food was found to be stored in a safe manner with open items covered. Kitchen
9	cabinet containing cleaning supplies was locked. Kitchen drawer with sharp knives locked. Closet off of
10	kitchen found to have rodent droppings ( <b>deficiency cited, see 809D</b> )
11	
12	All bedrooms were equipped with lighting, night stand, and chest of drawers. All bedrooms were clean
13	and in good repair. Extra hygiene products and linens were available. One resident bathroom did not
14	have a required bath mat but did have grab bars, the other resident shower did have required bath mat.
15	Water temperature in sink accessible to residents in care measured at 122.7 degrees F in the common
16	hall bathroom which is not within the allowable range of 105 to 120 degrees F but measured 108.6 in the
17	kitchen and 109.7 in room #1 which is within the allowable range of 105 to 120 degrees F. Licensee
18	immediately turned down water heater and will continue to work on getting all temperatures within
19	regulation.
20	
21	Fire extinguishers were last inspected 6/16/25. Smoke/Carbon Monoxide detectors located throughout
22	the facility were tested and operational. Facility's last quarterly disaster drills were conducted 6/15/25.
23	Facility has a backup generator for use during a power outage.
24	
25	Continued on 809C...

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Victoria Bertozzi <b>NAME OF LICENSING PROGRAM ANALYST:</b> Christi Coppo <b>LICENSING PROGRAM ANALYST SIGNATURE:</b> 	<b>DATE:</b> 07/29/2025
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**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

<b>FACILITY REPRESENTATIVE SIGNATURE:</b> 	<b>DATE:</b> 07/29/2025
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**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><b>FACILITY EVALUATION REPORT (Cont)</b></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:** SERENITY BOARD AND CARE

**FACILITY NUMBER:** 496803632

**VISIT DATE:** 07/29/2025

NARRATIVE	
<p>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>	<p>LPA found in the backyard several old mattresses, old portable toilet chair, pieces of plywood, and upright ladder. LPA discussed with Admin being sure to dispose of old or no longer used items in a timely manner and to properly store hazards such as the upright ladder, when not in use. Additionally, there are several planks on the wooden deck ramp that need replacing, as they are broken and/or showing signs of what appears to be dry rot as some planks are brittle and crumbly as well as having deep cracks and bubbling paint. Gate to ramp on other side of house also showing what appears to be dry rot as wood has deep cracks and is brittle and crumbly in places. Licensee is currently working on repairs. Fence on east side of facility needs repair/replacement. LPA and licensee discussed replacing the fence. Licensee advised that he is actively in discussion with neighbor to get it replaced and plans to repair by 2026 if he and the neighbor cannot reach an agreement.</p> <p>At approximately 11:30am LPA conducted a review of 6 resident records. All required documentation present. 1/2 rails orders all on file for respective residents. At approximately 12:30pm LPA conducted review of 4 staff records. All required documentation present.</p> <p>At approximately 1:00pm LPA and Admin conducted a spot check of medication and medication records. Medication is centrally stored in a locked cabinet. LPA observed top drawer on left hand side of range in kitchen to store pre-poured medications (<b>deficiency cited, see 809D</b>) Drawer has locking function but LPA found it not locked, making medications accessible to residents (<b>deficiency cited, see 809D</b>). LPA and Admin discussed ensuring PRN log/MAR is complete with all required information.</p> <p><b>Updated copies of the following documents were requested for facility file and are to be submitted to CCL within 30 days of this visit: LIC500- Personnel Report, LIC308- Designation of Responsibility Liability Insurance</b></p> <p><b>Deficiencies cited from the California Code of Regulations, Title 22, Division 6 of California Regulation and the Health and Safety Code. Appeal rights given and discussed with Administrator. Failure to correct the deficiency and/or repeat deficiencies within a 12 month period may result in civil penalties.</b></p> <p><b>Exit interview conducted with Administrator and a copy of this report was given.</b></p>

<p><b>NAME OF LICENSING PROGRAM MANAGER:</b> Victoria Bertozzi  <b>NAME OF LICENSING PROGRAM ANALYST:</b> Christi Coppo  <b>LICENSING PROGRAM ANALYST SIGNATURE:</b></p>	<p><b>DATE:</b> 07/29/2025</p>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 07/29/2025
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LIC809 (FAS) - (06/04)

Page: 3 of 8

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**Created By: Christi Coppo On 07/29/2025 at 02:04 PM**  
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
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**FACILITY NAME:** SERENITY BOARD AND CARE

**FACILITY NUMBER:** 496803632

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 07/29/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type A</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87465(h)(5)</b>	
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**Incidental Medical and Dental Care Services**

(h) The following requirements shall apply to medications which are centrally stored: (5) Each resident's medication shall be stored in its originally received container. No medications shall be transferred between containers.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1 2 3 4	Based on LPA observation, the licensee did not comply with the section cited above in that LPA observed top drawer on left hand side of range in kitchen to store pre-poured medications, which poses an immediate health, safety or personal rights risk to persons in care.
	<b>POC Due Date:</b> 07/30/2025
	<b>Plan of Correction</b>
1 2 3 4	Licensee to submit LIC9098 self-certifying they will immediately cease pre-pouring medications. LIC9098 due to CCL by plan of correction due date.

		<b>Section Cited</b>			
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	<b>Deficient Practice Statement</b>
1 2 3 4	
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
1 2 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.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Victoria Bertozzi
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Christi Coppo
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
<b>DATE:</b>	07/29/2025



**DATE:** 07/29/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

DATE: 07/29/2025

LIC809 (FAS) - (06/04)

Page: 4 of 8

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CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
, 1450 NEOTOMAS AVENUE, STE. 100  
SANTA ROSA, CA 95405**FACILITY EVALUATION REPORT (Cont)**

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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/29/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87555(b)(27)	
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**General Food Service Requirements**

(b) The following food service requirements shall apply: (27) All kitchen areas shall be kept clean and free of litter, rodents, vermin and insects.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on LPA and licensee observation, the licensee did not comply with the section cited above in that closet off of kitchen found to have rodent droppings, which poses a potential health, safety or personal rights risk to persons in care.
	<b>POC Due Date:</b> 08/12/2025
	<b>Plan of Correction</b>
1 2 3 4	Licensee to submit work order and paid invoice from pest exterminator by plan of correction due date.

	Type B	Section Cited	CCR	87465(h)(2)	
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**Incidental Medical and Dental Care Services**

(h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on LPA and licensee observation, the licensee did not comply with the section cited above in that drawer containing medications has locking function but LPA found it not locked, making medications accessible to residents, which poses a potential health, safety or personal rights risk to persons in care.
	<b>POC Due Date:</b> 07/29/2025
	<b>Plan of Correction</b>
1 2 3 4	Licensee immediately repaired drawer so that it closes properly and locks properly. Deficiency cleared.

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

Victoria Bertozzi

**NAME OF LICENSING PROGRAM**

**MANAGER:**

**NAME OF LICENSING PROGRAM** Christi Coppo

**ANALYST:**

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/29/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/29/2025