

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496803632
Report Date: 08/03/2026
Date Signed: 08/03/2026 03:51:48 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:	SERENITY BOARD AND CARE	FACILITY NUMBER:	496803632
ADMINISTRATOR/HELEN TRINIDAD DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	407 CALISTOGA ROAD	TELEPHONE:	(707) 537-1933
CITY:	SANTA ROSA	STATE: CA	ZIP CODE: 95409
CAPACITY: 6		CENSUS: 6	DATE: 08/03/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	01:35 PM
MET WITH:	Helen Trinidad	BEGAN: TIME VISIT/ INSPECTION	04:04 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Christi Coppo arrived unannounced to conduct a required Annual inspection and was greeted by caregiver. Administrator Helen Trinidad Administrator Certificate 7002182740 expires 8/27/27. LPA and Administrator discussed facility's Infection Control Plan and Emergency Disaster plan. No new updates.
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6	At approximately 1:30pm LPA toured the building and grounds. The facility was found to be clean and at a comfortable temperature. LPA observed at least a 2 day supply of perishable and 7 day supply of non-perishable food. Food was found to be stored in a safe manner with open items covered. Kitchen cabinet containing cleaning supplies was locked. Kitchen drawer with sharp knives locked.
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11	All bedrooms were equipped with lighting, night stand, and chest of drawers. All bedrooms were clean and in good repair. Extra hygiene products and linens were available. Bathrooms have required bath mat and grab bars. Water temperature in sink accessible to residents in care measured at 105.7 degrees F in the kitchen and 105.5 in resident bathroom room #1 which is within the allowable range of 105 to 120 degrees F.
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16	Fire extinguishers were last inspected 6/3/26. Smoke/Carbon Monoxide detectors located throughout the facility were tested and operational. Facility's last quarterly disaster drills were conducted 5/21/26. Facility has a backup generator for use during a power outage.
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21	Continued on 809C...
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DATE: 08/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/03/2026

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.

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: SERENITY BOARD AND CARE

FACILITY NUMBER: 496803632

VISIT DATE: 08/03/2026

NARRATIVE	
1	Continued from 809...
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3	At approximately 2:00pm LPA conducted a review of six (6) resident records. All required documentation
4	present. At approximately 2:30pm LPA conducted review of three (3) staff records. All required
5	documentation present.
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7	At approximately 3:00pm LPA and licensee conducted a spot check of medication and medication
8	records. Medication is centrally stored in a locked cabinet. LPA printed Health and Safety Code 1569.69
9	for licensee to review.
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13	Updated copies of the following documents were requested for facility file and are to be
14	submitted to CCL within 30 days of this visit:
15	LIC500- Personnel Report,
16	LIC308- Designation of Responsibility
17	Liability Insurance
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19	No citations issued.
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21	Exit interview conducted with licensee and a copy of this report given.
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NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi	
NAME OF LICENSING PROGRAM ANALYST: Christi Coppo	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/03/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/03/2026