

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 502700113

Report Date: 04/04/2025

Date Signed: 04/04/2025 02:19:15 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	CARING HANDS FOR THE ELDERLY	FACILITY NUMBER:	502700113
ADMINISTRATOR/GUERRERO, ANA DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	4229 GABRIEL WAY	TELEPHONE:	(209) 360-2973
CITY:	MODESTO	STATE: CA	ZIP CODE: 95356
CAPACITY:	6	CENSUS: 6	DATE: 04/04/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	01:00 PM
MET WITH:	Ana Guerrero	BEGAN: TIME VISIT/ INSPECTION	03:00 PM
		COMPLETED:	

### NARRATIVE

1 On 04/04/2025, Licensing Program Analysts (LPAs) Arielle Pascua and Triel Lindstrom arrived  
2 unannounced to this facility to conduct an annual visit. LPAs met with Staff members (SM), Nicollette  
3 Groves and Sharion Lamison and explained the purpose of the visit. LPAs asked that SM Groves call  
4 the Facility Designated Administrator (FDA), Ana Guerrero that CCL was present at this time. Shortly  
5 after, LPAs met with FDA Guerrero.  
6 Current census was 6. A brief interview with FDA Guerrero was conducted. This facility is licensed to  
7 serve and retain 6 elderly residents whom of which all may be non-ambulatory. This facility also has a  
8 hospice waiver for 4 residents at this time.  
9  
10 LPA Pascua toured the grounds and observed them to be well maintained. All paths were free of  
11 obstruction. LPA Pascua toured the physical plant. The facility is a single story building with 4 bedrooms.  
12 There are 2 double occupancy rooms and 2 single occupancy rooms. The facility was observed to be  
13 sanitary and free of odor. There was adequate furnishings and lighting throughout. The facility maintains  
14 an adequate supply of linens. All furniture was observed to be in good repair.  
15  
16 LPA Pascua inspected the kitchen and observed all knives to be locked and inaccessible to residents in  
17 care. There was in excess of a 2 day supply of perishable food and a 7 day supply of non-perishable  
18 food. Food in the refrigerator was labeled with the date opened. There was no expired food product  
19 observed. Lunch service was provided during the course of this inspection and residents received  
20 different lunches according to each individual's preference. There was fresh fruit and vegetables  
21 available.  
22  
23  
24  
25

NAME OF LICENSING PROGRAM MANAGER: Lisa Rios  
NAME OF LICENSING PROGRAM ANALYST: Arielle Pascua

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 04/04/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 04/04/2025

**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.

<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  SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100  SACRAMENTO, CA 95827</p>
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**FACILITY NAME:** CARING HANDS FOR THE ELDERLY

**FACILITY NUMBER:** 502700113

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

<b>NARRATIVE</b>	
<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>The smoke detectors were also observed to be in good working order. The fire extinguisher was last serviced in on 08/23/2024 and is in compliance. The first aid kit was observed to be complete.</p> <p>LPA Pascua reviewed 3 resident files and 3 staff files all of which were complete and up to date. The administrator has a active administrator certificate #701097840 and expires on 10/29/2025.</p> <p>The medications were observed to be locked and inaccessible to residents in care. The facility monitors and logs the effectiveness of PRN's given. The Medication Administration Record was compared to medication on hand and was consistent. The facility does not handle any Personal and Incidental funds.</p> <p>The following forms to be submitted to department:  -LIC 308  -LIC 400  -LIC 500  -LIC 610E</p> <p>The facility is in substantial compliance. No deficiencies were observed. An exit interview was conducted and a copy of this report was provided.</p>

<p><b>NAME OF LICENSING PROGRAM MANAGER:</b> Lisa Rios  <b>NAME OF LICENSING PROGRAM ANALYST:</b> Arielle Pascua  <b>LICENSING PROGRAM ANALYST SIGNATURE:</b></p>	<p><b>DATE:</b> 04/04/2025</p>
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**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

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