

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 502700444
Report Date: 04/21/2026
Date Signed: 04/21/2026 02:35:00 PM

Document Has Been Signed on 04/21/2026 02:35 PM - It Cannot Be Edited

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
FACILITY EVALUATION REPORT	

FACILITY NAME:	BETHEL ASSISTED LIVING	FACILITY NUMBER:	502700444
ADMINISTRATOR/MELISSA ORELLO		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(209) 577-1901
ADDRESS:	2325 & 2345 SCENIC DR	ZIP CODE:	95355
CITY:	MODESTO	STATE:	CA
CAPACITY:	125	CENSUS:	115
TYPE OF VISIT:	Required - 1 Year	DATE:	04/21/2026
		UNANNOUNCED TIME VISIT/INSPECTION	11:15 AM
		BEGAN:	
MET WITH:	Melissa Orello	TIME VISIT/INSPECTION	03:00 PM
		COMPLETED:	

NARRATIVE	
1	On 04/21/2026, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to this facility to conduct an annual visit. LPA Pascua met with Facility Designated Administrator (FDA), Melissa Orello and explained the purpose of the visit.
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5	Current Census was 115. A brief interview with FDA Orello was conducted.
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7	This facility has two buildings which are licensed to serve and retain residents who are 60 and over. 2325 Scenic Dr is licensed to serve and retain 26 ambulatory residents, 49 bedridden residents. This building also has delay egress on the 2nd floor, and the 3rd floor may only have ambulatory residents only. 2345 Scenic Dr is licensed to serve and retain 50 bedridden residents on the 1st floor. 2nd and 3rd floor are are used for independent living only. This facility also has a hospice waiver for 34. This facility also has a dementia plan on file. There are currently 23 residents receiving hospice services. LPAs reviewed 5 resident files and 6 staff files. All resident and staff files were complete and up to date. The Facility Administrator does have a current administrator certificate #7018768740 and expires on 03/28/2027. This facility has also conducted a fire sprinkler service and testing with the State Fire Marshal on 04/08/2026. At 1:00pm, a tour of the facility was initiated with FDA Orello. All rooms designated as activity areas and common areas for resident use were toured. Furniture and furnishings were observed to be present and sufficient to meet the needs of the residents at this time. Office rooms and other areas intended for resident use were toured. A review of the facility public restrooms was conducted. Hot water temperatures were taken to make sure that the hot water being dispensed was within the allowed range of 105-120 degrees at this time.
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NAME OF LICENSING PROGRAM MANAGER:	Lisa Rios
NAME OF LICENSING PROGRAM ANALYST:	Arielle Pascua

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/21/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BETHEL ASSISTED LIVING **FACILITY NUMBER:** 502700444
VISIT DATE: 04/21/2026

NARRATIVE	
1	Fire extinguishers, placed throughout this facility, were observed to have been annually inspected on
2	02/09/2026 by the local fire extinguisher company, Jorgensen Company, and in compliance at this time.
3	Kitchen area was toured. Facility freezer and refrigerator units were toured. LPAs reviewed the food
4	storage supply to make sure that there was always a 2-day perishable and 7-day nonperishable food
5	quantities on site at all times.
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7	Medication was reviewed with facility staff. First aid kit was reviewed and had all the required
8	components.
9	Storage area for chemicals and cleaning supplies was observed to be locked and made inaccessible to
10	the residents at this time.
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12	A tour of the facility resident bedrooms was conducted. Furniture and furnishings were observed to
13	sufficient.
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15	A tour of the outside area was toured with no hazards present. This facility has a gated and locked pool
16	made inaccessible to the residents in care.
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19	The following items were documents were requested to be submitted:
20	-LIC 308
21	-LIC400
22	-LIC 500
23	-LIC 610E.
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25	There were no deficiencies observed or cited during today's annual visit.
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27	An exit interview was conducted and a copy of this report was provided at the end of the visit.
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NAME OF LICENSING PROGRAM MANAGER: Lisa Rios	
NAME OF LICENSING PROGRAM ANALYST: Arielle Pascua	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/21/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/21/2026