

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 502701082

Report Date: 07/15/2025

Date Signed: 07/16/2025 07:35:22 AM

COMPREHENSIVE INSPECTION

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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
FACILITY EVALUATION REPORT	

FACILITY NAME: SERENITY HOME CARE	FACILITY NUMBER: 502701082
ADMINISTRATOR/SOUXOUAY, MARIA ANGELICA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 1813 ELDER LN.	TELEPHONE: (209) 345-6618
CITY: MODESTO	STATE: CA
CAPACITY: 6	ZIP CODE: 95355
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
	DATE: 07/15/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 11:00 AM
MET WITH: Maria Angelica Souxouay	TIME VISIT/INSPECTION
	COMPLETED: 12:15 PM

NARRATIVE	
1	On 07/15/2025, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to conduct an
2	annual visit. LPA was greeted by staff member (SM) Alona Bastida and explained the purpose of the
3	visit. LPA asked that SM Bastida call the Facility Designated Administrator at this time to inform them
4	that CCL was present. Shortly after, it was learned that the FDA was unable to come to the facility at this
5	time. LPA met with Facility Designated Administrator (FDR), Necita Abellas. There was one other staff
6	members present at the time of this visit, Ferdinand Estroba.
7	
8	This facility is licensed to serve 6 residents who are 60 and older and can be deemed non-ambulatory.
9	This facility holds a hospice waiver for 6 and has a dementia program on file.
10	
11	Current census was 6. 1 out of 6 residents were on an outing during the time of this visit.
12	LPA reviewed 6 resident files. LPA reviewed 3 staff files. 3 out of 3 staff files are complete and up to date.
13	The administrator has an active administrator certificate #7034066740 and expires on 04/29/2027.
14	A tour of the facility was conducted.
15	Fire extinguisher located by the garage door appeared to have been purchased on 07/07/2025 and had
16	an attached receipt to it.
17	The kitchen area was toured. LPA Pascua observed a sufficient seven days of non-perishable as well as
18	two days worth of perishable food supplies in the main kitchen. Additional perishable supplies were
19	identified in an additional refrigerator located in the garage. Knives and additional cleaning supplies
20	were locked and made inaccessible to the residents at this time.
21	LPA Pascua observed a locked centralized stored medication cabinet located in the dining room. Along
22	with Administrator, the LPA observed, reviewed, and compared resident medication with the medication
23	dispensing logs. First Aid Kit was present and contained all of the required components.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Lisa Rios NAME OF LICENSING PROGRAM ANALYST: Arielle Pascua LICENSING PROGRAM ANALYST SIGNATURE: 	DATE: 07/15/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: 	DATE: 07/15/2025
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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>FACILITY EVALUATION REPORT (Cont)</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: SERENITY HOME CARE

FACILITY NUMBER: 502701082

VISIT DATE: 07/15/2025

NARRATIVE	
1	Common areas were toured. Living room, dining area and all other areas intended for resident use were
2	in compliance and good repair.
3	A tour of the garage was conducted. Additional storage for supplies were stored in cabinets. A washer
4	and dryer were also identified in the garage. Laundry detergent, bleach, and all other cleaning supplies
5	were observed to be locked and made inaccessible to the residents at this time.
6	A tour of the bathrooms was conducted. Hot water temperature was measured and observed to be
7	within the required range of 105-120 degrees. Grab bars were present and in good repair.
8	A tour of the resident bedrooms was conducted. Resident furniture was observed to be sufficient to meet
9	the resident needs at this time.
10	
11	A linen closet was located in the hallway and presented a sufficient amount of linens to adequately
12	supply and meet the needs of the residents at this time. Additional incontinence supplies were also
13	identified.
14	
15	The exterior of the physical plant was in good repair with no hazards present. Perimeter fence was
16	observed to be stable and gates were in good repair.
17	
18	The following forms and documents were requested to be updated and submitted into CCL.
19	
20	-LIC 308
21	
22	-LIC 400
23	
24	-LIC 500
25	
26	-LIC 610
27	
28	
29	Based on the observations made during today's visit, there are no deficiencies were observed or cited
30	during this annual visit.
31	
32	An exit interview was conducted and a copy of this report was given to Facility Designated Administrator.

<p>NAME OF LICENSING PROGRAM MANAGER: Lisa Rios NAME OF LICENSING PROGRAM ANALYST: Arielle Pascua LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 07/15/2025</p>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<p>FACILITY REPRESENTATIVE SIGNATURE:</p>	<p>DATE: 07/15/2025</p>
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