

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 502701239
Report Date: 04/10/2025
Date Signed: 04/10/2025 12:21:24 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
FACILITY EVALUATION REPORT	

FACILITY NAME: BRIGHTER LIVING	FACILITY NUMBER: 502701239
ADMINISTRATOR/TURPO, PAULA ALICIA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 3932 FELTON WAY	TELEPHONE: (510) 735-4057
CITY: MODESTO	STATE: CA
CAPACITY: 6	ZIP CODE: 95356
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
	DATE: 04/10/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 09:55 AM
MET WITH: Paula Turpo	TIME VISIT/INSPECTION
	COMPLETED: 12:45 PM

NARRATIVE	
1	On 04/10/2025, Licensing Program Analysts (LPAs) Arielle Pascua and Triel Lindstrom arrived
2	unannounced to this facility to conduct an annual visit. LPAs were greeted by Staff Member (SM), Maria
3	Zavala and explained the purpose of the visit. LPA Pascua asked SM Zavala to call the Facility
4	Designated Administrator (FDA), Paula Turpo to inform them that CCL was present. Shortly after, LPAs
5	met with FDA Turpo. The purpose of this visit was to conduct an annual visit.
6	
7	Current census was 5. A brief interview with FDA Turpo was conducted. LPAs reviewed staff and
8	resident files.
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10	Resident files were complete; admission agreements are stored in a separate binder. Staff files are
11	complete as well, and everyone is compliant with First Aid requirements.
12	
13	The LPAs toured the facility with Administrator Turpo. The interior is clean and free of odors. The lighting
14	and furnishings are adequate. The inside temperature and water temperature in the bathrooms are
15	within the acceptable range. The bathrooms have secure grab bars and non-slip mats. The facility is
16	stocked with 2-days worth of perishable and 7 days of nonperishable foods. Medications and sharps are
17	in locked cabinets and drawers, and cleaning products are in the garage and laundry room with a locked
18	door. There are two fire extinguishers, both were service March 26, 2025. There are two video cameras
19	in common areas, one in the hallway and one in the living room; the plan of operations covers this. The
20	front and backyards are well maintained and walkways are free from obstructions. The side gate is self-
21	closing and latching.
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NAME OF LICENSING PROGRAM MANAGER: Lisa Rios

NAME OF LICENSING PROGRAM ANALYST: Arielle Pascua

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/10/2025

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.

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

FACILITY NAME: BRIGHTER LIVING

FACILITY NUMBER: 502701239

VISIT DATE: 04/10/2025

NARRATIVE	
1	A technical assistance is being provided for Section 87465(H)(6) for medication management.
2	
3	Based on the observations made during today's visit, no deficiencies were cited pursuant to the
4	California Code of Regulations (CCR) Title 22, Division 6.
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6	An exit interview was conducted and a copy of this report was given to the Administrator at the end of
7	this visit.
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NAME OF LICENSING PROGRAM MANAGER: Lisa Rios	
NAME OF LICENSING PROGRAM ANALYST: Arielle Pascua	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/10/2025
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