

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 502701239
Report Date: 05/01/2026
Date Signed: 05/05/2026 01:57:48 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:		TELEPHONE:	(209) 622-0030
ADDRESS:	3932 FELTON WAY	ZIP CODE:	95356
CITY:	MODESTO	STATE: CA	
CAPACITY: 6		CENSUS: 6	
TYPE OF VISIT:	Required - 1 Year	DATE:	05/01/2026
		UNANNOUNCED TIME VISIT/INSPECTION	10:00 AM
		BEGAN:	
MET WITH:	Paula Turpo	TIME VISIT/INSPECTION	01:30 PM
		COMPLETED:	

NARRATIVE	
1	Unannounced Annual visit made out to this facility on 05/01/2026 by Licensing Program Analyst (LPA)
2	Charlie Yang. This LPA was met by the facility caregiver, Maria Zavala, who was briefly interviewed at
3	this time. This LPA requested that she go ahead and contact the facility designated Administrator, Paula
4	Turpo, to inform her that CCL was present at this time. The facility designated Administrator, Paula
5	Turpo, arrived later to this facility while this LPA was conducting this annual visit.
6	Current census was 6 residents. It was learned that there weren't any residents under the care of
7	hospice at this time. This facility does have an approved waiver to be able to accept and retain up to (5)
8	residents under the care of hospice at any given time.
9	It was learned that this facility has a program to be able to accept and retain dementia residents at any
10	given time. It was learned that there were (2) residents diagnosed with dementia at this time. It was
11	learned that there were (2) residents receiving services through home health at this time. It was learned
12	that this facility does not have a bedridden fire clearance to be able to accept or retain any residents
13	deemed to be bedridden at any given time.
14	Tour of this facility was conducted.
15	Dining area, living area, and all other areas intended for resident use were toured.
16	Furniture and furnishings were observed to be sufficient and able to meet the needs of the residents at
17	this time.
18	Linen closet, located in facility hallway closet, was reviewed and observed to contain a sufficient supply
19	of towels, sheets, and bedding able to meet the needs of the residents at this time.
20	Kitchen area was toured. Kitchen drawers and cabinets were opened and reviewed.
21	Food supply for 2-day perishable and 7-day nonperishable quantities was reviewed to make sure that
22	they were in compliance at all times.
23	Pantry area was toured.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Liza King
NAME OF LICENSING PROGRAM ANALYST: Charlie Yang

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/01/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/01/2026

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: BRIGHTER LIVING

FACILITY NUMBER: 502701239
VISIT DATE: 05/01/2026

NARRATIVE	
1	Administrator certificate # 7020702740 for Paula Turpo which was observed to expire on 10/31/2027
2	and in compliance at this time.
3	Medication cabinet, located in the facility kitchen cabinets, was observed to be locked and made
4	inaccessible to the residents at this time.
5	First aid kit, located in the kitchen cabinet, was reviewed. This LPA observed that it did contain all of the
6	required components at this time.
7	Fire extinguisher located hanging on the wall adjacent to the kitchen was observed to have been
8	annually inspected by the local fire extinguisher company, Touch Down Fire Inc, with the inspection date
9	of 04/01/2026 and in compliance at this time.
10	Facility resident bedrooms were toured. Furniture and furnishings were observed to be sufficient and
11	able to meet the needs of the residents at this time.
12	Facility resident restrooms were toured. Grab bars and non skid mats were observed to be present and
13	in good repair at this time.
14	Hot water temperatures were taken to make sure that they were within the allowed range of 105-120
15	degrees at all times.
16	A tour of the facility exterior grounds was conducted. A review of the facility perimeter fence, side gates,
17	and all other exits was conducted.
18	A review of (3) facility personnel records was conducted and noted on the following LIC 859.
19	A review of (6) facility resident records was conducted and noted on the following LIC 858.
20	The following forms and documents were requested to be updated and submitted into CCL for review by
21	this LPA:
22	LIC 308
23	LIC 400
24	LIC 500
25	LIC 610
26	The following deficiencies were observed and cited on the following LIC 809-D pursuant to Title 22
27	Rules and Regulations, Health and Safety Codes.
28	
29	Appeal Rights were printed and a version was given to the facility designated Administrator at this time.
30	
31	Exit Interview
32	

NAME OF LICENSING PROGRAM MANAGER: Liza King	
NAME OF LICENSING PROGRAM ANALYST: Charlie Yang	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 05/01/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/01/2026

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** BRIGHTER LIVING**FACILITY NUMBER:** 502701239**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 05/01/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87303(i)	
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Maintenance and Operation

(i) Facilities shall have signal systems which shall meet the following criteria:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, the licensee did not comply with the section cited above in that the exits for this facility were not properly equipped with functional alert signals when exiting through them during this visit which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 05/02/2026
	Plan of Correction
1	The facility designated Administrator stated that all exits will be equipped with functional alarms to make sure that they are on and in good working condition at all times. A statement of correction, along with proof of all updated exits with alarms, will be completed and submitted into CCL by the due date for review by this LPA.
2	
3	
4	

		Section Cited			
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	Deficient Practice Statement
1	
2	
3	
4	
	POC Due Date:
	Plan of Correction
1	
2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Liza King
NAME OF LICENSING PROGRAM ANALYST:	Charlie Yang
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 05/01/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 05/01/2026

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BRIGHTER LIVING

DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 502701239

VISIT DATE: 05/01/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)			
Type A	Section Cited	CCR	87411(f)
Personnel Requirements - General			
(f) All personnel, including the licensee and administrator, shall be in good health, and physically and mentally capable of performing assigned tasks. Good physical health shall be verified by a health screening, including a chest x-ray or an intradermal test, performed by a physician not more than six (6) months prior to or seven (7) days after employment or licensure. A report shall be made of each screening, signed by the examining physician. The report shall indicate whether the person is physically qualified to perform the duties to be assigned, and whether he/she has any health condition that would create a hazard to him/herself, other staff members or residents. A signed statement shall be obtained from each volunteer affirming that he/she is in good health. Personnel with evidence of physical illness or emotional instability that poses a significant threat to the well-being of residents shall be relieved of their duties.			
This requirement is not met as evidenced by:			
Deficient Practice Statement			
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in [1] out of [3] facility personnel files did not have a completed health screening showing clearance for TB which poses an immediate health, safety or personal rights risk to persons in care.		
POC Due Date: 05/02/2026			
Plan of Correction			
1 2 3 4	The facility designated Administrator stated that all facility personnel files will be audited to make sure that they are updated and complete with proper health screening and clearance for TB at all times. A statement of correction, along with proof of updated health screening and TB clearance, will be completed and submitted into CCL by the due date for review by this LPA.		

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Liza King
NAME OF LICENSING PROGRAM ANALYST:	Charlie Yang
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 05/01/2026
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	DATE: 05/01/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION
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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	HSC	1569.625(b)(2)	
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Other Provisions

(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in [1] out of [3] facility personnel did not have the required hours of annual training which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 05/02/2026
	Plan of Correction
1 2 3 4	The facility designated Administrator stated that all facility personnel files will be audited to make sure that they are updated and complete with the required number of annual training hours at all times. A statement of correction, along with proof of updated annual training hours, will be completed and submitted into CCL by the due date for review by this LPA.

	Type A	Section Cited	CCR	87465(a)(6)	
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Incidental Medical and Dental Care Services

(6) When requested by the prescribing physician or the Department, a record of dosages of medications which are centrally stored shall be maintained by the facility.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in [6] out of [6] facility dispensing logs for the residents were not properly updated since the month of May 2026 was not included in the Medication Administration Record (MAR) when this audit was conducted on 05/01/2026 which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 05/02/2026
	Plan of Correction
1 2 3 4	The facility designated Administrator stated that all facility staff will be trained, for no less than (1) hour in duration, on the topics of proper documentation, handling, and dispensing of the resident medications. A statement of correction, along with proof of updated medication training, will be completed and submitted into CCL by the due date for review by this LPA.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Liza King
NAME OF LICENSING PROGRAM ANALYST:	Charlie Yang
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 05/01/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/01/2026
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Created By: Charlie Yang On 05/01/2026 at 12:48 PM
Link to Parent Document Below:

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FACILITY NUMBER: 502701239

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/01/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87303(a)	
Maintenance and Operation					
(a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation, the licensee did not comply with the section cited above in that the side gate was not properly attached to the post and was unable to be opened properly at this time which poses/posed a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 05/08/2026				
	Plan of Correction				
1	The facility designated Administrator stated that the side gate will be repaired/replaced to make sure that it is functional and in good repair at all times. A statement of correction, along with copies of the receipt for services rendered to repair/replace the side gate, will be completed and submitted into CCL by the due date for review by this LPA.				
2					
3					
4					
	Type B	Section Cited	CCR	87506(a)	

Resident Records					
(a) The licensee shall ensure that a separate, complete, and current record is maintained for each resident in the facility or in a central administrative location readily available to facility staff and to licensing agency staff.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on record review, the licensee did not comply with the section cited above in [6] out of [6] facility resident files were missing required form and documents which poses/posed a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 05/08/2026				
	Plan of Correction				
1	The facility designated Administrator stated that all resident records will be audited to make sure that they are complete containing all of the required forms and documents at all times. A statement of correction, along with copies of the missing forms and documents, will be completed and submitted into CCL by the due date for review by this LPA.				
2					
3					
4					

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Liza King
NAME OF LICENSING PROGRAM ANALYST:	Charlie Yang

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/01/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/01/2026