

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# ***FACILITY EVALUATION REPORT***

**Facility Number:** 502701276  
**Report Date:** 03/24/2025  
**Date Signed:** 03/24/2025 01:59:15 PM

**Document Has Been Signed on 03/24/2025 01:59 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	GABRIELLE'S CARING HAND	FACILITY NUMBER:	502701276
ADMINISTRATOR/DIRECTOR:	ANTONIA, TABITHA	FACILITY TYPE:	740
ADDRESS:	2921 ZARAND DR	TELEPHONE:	(408) 823-0358
CITY:	MODESTO	STATE:	CA
CAPACITY:	6	ZIP CODE:	95355
TYPE OF VISIT:	Required - 1 Year	CENSUS:	4
		DATE:	03/24/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	11:00 AM
MET WITH:	Tabitha Antonia	TIME VISIT/INSPECTION COMPLETED:	02:30 PM

NARRATIVE	
1	On 03/24/2025, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to this facility to
2	conduct an annual visit. LPA met with staff member (SM), Mater Panaligan and explained the purpose
3	the visit. LPA asked the SM Panaligan call the Facility Designated Administrator (FDA), Tabitha Antonia
4	to inform them that CCL was present at this time. Shortly after, LPA met with FDA Antonia and explained
5	the purpose of the visit.
6	This facility is licensed to serve and retain 6 residents who are 60 or older. All of which may be non-
7	ambulatory. This facility also holds a Dementia Program on file and has a Hospice Waiver for 6.
8	Current census was 4. However, 2 out of 4 residents were out of the facility at this time. No residents are
9	on hospice at this time.
10	LPA reviewed 4 resident files and 3 staff files. All files were current and up to date. The Facility
11	Designated Administrator (FDA) has an active administrator certificate #7033720740 and expires on
12	1/26/2026.
13	LPA Pascua observed a locked centralized stored medication cabinet located in the dining room. Along
14	with Administrator, the LPA observed, reviewed, and compared resident medication with the medication
15	dispensing logs. First Aid Kit was present and contained all of the required components.
16	LPA conducted a tour of the facility.
17	The fire extinguisher, located in the kitchen area, was serviced by Jorgenson Company on 01/09/2025.
18	Carbon Monoxide and fire alarms were present and in good repair.
19	Common areas for resident use were toured. Furniture and furnishings were observed to be present and
20	in compliance.
21	A tour of the bathrooms was conducted. Hot water temperatures were taken to ensure that the hot water
22	being dispensed was within the allowed range of 105-120 degrees at this time. Grab bars were present
23	and functional.
24	Resident bedrooms were toured. Furniture and furnishing were observed to be present and in good
25	condition.
	A linen closet was located in the hallway. LPA observed a sufficient amount of linens at this time.

**NAME OF LICENSING PROGRAM MANAGER:** Lisa Rios  
**NAME OF LICENSING PROGRAM ANALYST:** Arielle Pascua  
**LICENSING PROGRAM ANALYST SIGNATURE:**  
 **DATE:** 03/24/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**  
 **DATE:** 03/24/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

<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>
---	---

**FACILITY NAME:** GABRIELLE'S CARING HAND

**FACILITY NUMBER:** 502701276

**VISIT DATE:** 03/24/2025

**NARRATIVE**

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>The kitchen area was toured. Facility freezer and refrigerator showed to be functional and in compliance at this time. A tour of the pantry was conducted. LPA observed that there was a 2 day perishable and 7-day nonperishable food supply at this time.</p> <p>Garage area was toured. Laundry detergent and cleaning supplies were locked and made inaccessible at this time.</p> <p>First aid kit was observed to be present and contained all of the required components at this time.</p> <p>The exterior of the physical plant was toured. Perimeter fence was observed to be stable and gates were in good repair with no hazards present.</p> <p>The following forms and documents were requested to be updated and submitted into CCL.</p> <p>-LIC 308</p> <p>-LIC 400</p> <p>-LIC 500</p> <p>-LIC 610</p> <p>No deficiencies were observed or cited during this annual visit.</p> <p>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:**  
 **DATE:** 03/24/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**  
 **DATE:** 03/24/2025

