

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 502701480
Report Date: 09/30/2025
Date Signed: 09/30/2025 12:45:55 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:	SERENITY HOME CARE II LLC	FACILITY NUMBER:	502701480
ADMINISTRATOR/SOUXOUAY, MA.ANGELICA ABEL		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(209) 526-2425
ADDRESS:	3009 SOUTHWELL LN	ZIP CODE:	95355
CITY:	MODESTO	STATE: CA	
CAPACITY: 6		CENSUS: 6	DATE: 09/30/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 11:12 AM
MET WITH:	Maria Angelica Souxouay	TIME VISIT/INSPECTION	COMPLETED: 01:00 PM

NARRATIVE	
1	On 09/30/2025, Licensing Program Analyst (LPA) Arielle Pascua arrived unannounced to this facility to
2	conduct an annual visit. LPA met with Staff Members (SM), Analiza Manganti and Michael Manganti and
3	explained the purpose of the visit. LPA asked SM Maganti to call the Facility Designated Administrator
4	(FDA), Maria Angelica Souxouay to inform her that CCL was present.
5	Shortly after, FDA Souxouay arrived at the facility.
6	This facility 6 residents, of which 5 may be non-ambulatory and 1 may be bedridden. This facility also
7	has a dementia plan on file with a hospice waiver for 6 residents.
8	Current census was 6. A brief interview with FDA Souxouay was conducted.
9	
10	A review of 3 staff files and 6 resident files were conducted. There are currently 4 residents on hospice.
11	All files were current and up to date. The perspective facility administrator has an active administrator
12	certificate #7034066740 and expires on 04/30/2027.
13	A tour of the facility was conducted.
14	Fire extinguisher located by the garage door appeared to have been serviced 07/07/2025 and is in
15	compliance.
16	The kitchen area was toured. LPA Pascua observed a sufficient seven days of non-perishable as well as
17	two days worth of perishable food supplies in the main kitchen. Additional perishable supplies were
18	identified in an additional refrigerator located in the garage. Knives and additional cleaning supplies
19	were locked and made inaccessible to the residents at this time.
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21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Lisa Rios

NAME OF LICENSING PROGRAM ANALYST: Arielle Pascua

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/30/2025

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: SERENITY HOME CARE II LLC

FACILITY NUMBER: 502701480

VISIT DATE: 09/30/2025

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

NAME OF LICENSING PROGRAM MANAGER: Lisa Rios	
NAME OF LICENSING PROGRAM ANALYST: Arielle Pascua	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/30/2025
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