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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 502701602
Report Date: 08/26/2026
Date Signed: 08/28/2026 09:16:19 AM

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

FACILITY NAME:	VINTAGE FAIRE RESIDENTIAL		FACILITY NUMBER:	502701602
ADMINISTRATOR/ DIRECTOR:	JOSE VENTURA		FACILITY TYPE:	740
ADDRESS:	3620-A DALE ROAD		TELEPHONE:	(209) 521-1798
CITY:	MODESTO	STATE: CA	ZIP CODE:	95356
CAPACITY: 49		CENSUS: 46	DATE:	08/26/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	10:00 AM
MET WITH:	Joyce Prasad		TIME VISIT/ INSPECTION COMPLETED:	02:00 PM

NARRATIVE

Unannounced annual visit made out to this facility on 08/26/2026 by Licensing Program Analyst (LPA) Charlie Yang. This LPA was met by the facility Business Office Manager Joyce Prasad who was briefly interviewed at this time.
The facility designated Administrator, Jose Ventura, was contacted and unable to be present during today's annual visit.
Current census was 46 residents.
It was learned that there were (7) residents under the care of hospice at this time. This facility does have an approved waiver to be able to accept and retain up to (10) residents at any given time.
It was learned that there were (10) residents diagnosed with dementia at this time. This facility does have an approved program to be able to accept and retain residents diagnosed with dementia at any given time.
Tour of the facility was conducted.
A tour of the facility kitchen area was conducted. Food storage units, refrigerator and freezer, were toured. It was observed that there was a sufficient supply of 2-day perishable food quantities available on site to meet the requirements at this time.
Pantry area was toured. It was observed that there was a sufficient supply of 7-day nonperishable food quantities available on site to meet the requirements at this time.
A sample review was conducted for the facility resident bedrooms at this time. It was observed that furniture and furnishings were observed to be functional and maintained in compliance at this time.
A sample review was conducted for the facility resident restrooms at this time. Hot water temperatures were taken to make sure that they measured within the allowed range of 105-120 degrees at all times. Grab bars and non skid surfaces were observed to be present and maintained in compliance at this time.

Liza King
Charlie Yang

	**DATE:** 08/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	**DATE:** 08/26/2026

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.

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

FACILITY NAME: VINTAGE FAIRE RESIDENTIAL **FACILITY NUMBER:** 502701602

VISIT DATE: 08/26/2026

NARRATIVE

Living areas, dining areas, and all other areas intended for resident use were toured. Furniture and furnishings were observed to be sufficient and able to meet the needs of the residents at this time.
Laundry rooms, located throughout several wings of this facility on the first floor, were toured. They were reviewed to make sure that they were observed to be locked and made inaccessible to the residents in care.
Rooms designated as supply rooms, storage rooms, and equipment rooms were reviewed to make sure that they were locked and made inaccessible to the residents at this time.
Medication room was toured at this time. Policies and procedures in regards to the handling, dispensing, and documentation of the resident medications were discussed at this time. This facility utilized medication carts when it was time to dispense the medications to the residents.
First aid kit, located in the medication room, was observed to contain all of the required components at this time.
Fire extinguishers, located throughout this facility, were observed to have been annually inspected by the local fire extinguisher company, Johnson Controls, on 12/03/2025 and found to be in compliance at this time.
A tour of the facility exterior grounds was conducted. A review of the perimeter fence, side gates, and all other exits was conducted at this time.

A review of (6) facility resident files was conducted and noted on the following LIC 858.
A review of (6) facility personnel files was conducted and noted on the following LIC 859.

The following forms and documents were requested by this LPA to be updated and submitted into CCL:

LIC 308
LIC 400
LIC 500
LIC 610

The following deficiencies were observed and cited on the following LIC 809-D pursuant to Title 22 Rules and Regulations, Health and Safety Codes.
Civil penalty in the amount of $500 was assessed on the following LIC 421
Appeal rights were printed and a copy was given to the facility designated representative at this time.

Exit Interview

NAME OF LICENSING PROGRAM MANAGER: Liza King
NAME OF LICENSING PROGRAM ANALYST: Charlie Yang
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 08/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/26/2026

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Created By: Charlie Yang On 08/26/2026 at 01:09 PM
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FACILITY NAME: VINTAGE FAIRE RESIDENTIAL **FACILITY NUMBER:** 502701602
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/26/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87202(a)(2)	

Fire Clearance

(a) All facilities shall maintain a fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal. Prior to accepting or retaining any of the following types of persons, the applicant or licensee shall notify the licensing agency and obtain an appropriate fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal: (2) Bedridden persons

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 that there was a resident deemed to be bedridden based on the completed LIC 602 receiving care and supervision but this facility does not have an approved bedridden fire clearance at this time which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 08/27/2026
	Plan of Correction
1 2 3 4	The facility designated representative stated that a review of all resident medical records will be conducted. A statement of correction, along with all applicable forms and documents requesting for a bedridden fire clearance, will be completed and submitted into CCL by the due date for review by this LPA.

	Type A	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 2 3 4	Based on observation, the licensee did not comply with the section cited above in that a resident restroom and library ceiling was not properly patched and sealed revealing open sections in the ceiling which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 08/27/2026
	Plan of Correction
1 2 3 4	The facility designated representative stated that a plan will be addressed to hire a licensed vendor to estimate the damage and complete an estimate for total costs in order to repair these holes in the ceiling. A statement of correction, along with copies of all contracted work estimates, 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: 08/26/2026

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FACILITY REPRESENTATIVE SIGNATURE: 	**DATE:** 08/26/2026

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FACILITY NAME: VINTAGE FAIRE RESIDENTIAL **FACILITY NUMBER:** 502701602
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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87309(a)(1)	

Storage Space and Access

(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage. (1) Disinfectants, cleaning solutions, and poisonous substances shall be stored in areas separate from food supplies as specified in Section 87555, General Food Service Requirements.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in that the housekeeping closet, maintenance closet, and supplies closet were all left unlocked and made accessible which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 08/27/2026
	Plan of Correction
1 2 3 4	The facility designated representative stated that all closets and storage spaces containing cleaning supplies, laundry detergents, and all other harmful substances will be locked and made inaccessible to the residents at all times. A statement of correction, along with proof of updated staff in-service for no less than (1) hour in duration, will be completed and submitted into CCL by the due date for review by this LPA.

	Type A	Section Cited	HSC	1569.618(c)(3)	

Other Provisions

(c)The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following: (3) Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on the premises at all times. This paragraph shall not be construed to require staff to provide CPR.

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 that facility staff were observed to not have current first aid training which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 08/27/2026
	Plan of Correction
1 2	The facility designated representative stated that all facility staff records will be audited to make sure that they are complete and contain updated certified first aid training at all times. A statement of

3 4	correction, along with proof of updated and current first aid 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:** 08/26/2026
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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 that facility staff records did not have updated and completed health screenings which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 08/27/2026
	Plan of Correction
1 2 3 4	The facility designated representative stated that all facility staff records will be audited to make sure that they are complete and contain updated health screenings at all times. A statement of correction, along with proof of updated and current health screenings, 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:

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	HSC	1569.625(b)(1)	

Other Provisions

(1) The department shall adopt regulations to require staff members of residential care facilities for the elderly who assist residents with personal activities of daily living to receive appropriate training. This training shall consist of 40 hours of training. A staff member shall complete 20 hours, including six hours specific to dementia care, as required by subdivision (a) of Section 1569.626 and four hours specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696, before working independently with residents. The remaining 20 hours shall include six hours specific to dementia care and shall be completed within the first four weeks of employment. The training coursework may utilize various methods of instruction, including, but not limited to, lectures, instructional videos, and interactive online courses. The additional 16 hours shall be hands-on 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 that the facility staff records did not contain any proof of completed initial/annual training hours which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 08/27/2026
	Plan of Correction
1 2 3 4	The facility designated representative stated that all facility staff records will be audited to make sure that they are complete and contain updated initial/annual training at all times. A statement of correction, along with proof of updated and current initial/annual 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

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87303(c)	

Maintenance and Operation

(c) All window screens shall be clean and maintained in good repair.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in that several window screens were ripped, torn, or had holes in them which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 09/02/2026
	Plan of Correction
1 2 3 4	The facility designated representative stated that all window screens will be audited to make sure that they are in good repair and functional at all times. A statement of correction, along with proof of updated window screens with receipts of repair/replacement services, will be completed and submitted into CCL by the due date for review by this LPA.

	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 2 3 4	Based on record review, the licensee did not comply with the section cited above in that facility resident records were incomplete missing required forms and documents which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 09/02/2026
	Plan of Correction
1 2 3 4	The facility designated representative stated that all facility resident records will be audited to make sure that they are complete and contain all required forms and documents at all times. A statement of correction, along with proof of updated and complete facility resident records, 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: 08/26/2026

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