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**Department of**

# SOCIAL SERVICES

*Community Care Licensing*

# *FACILITY EVALUATION REPORT*

**Facility Number:** 507005673
**Report Date:** 07/08/2026
**Date Signed:** 07/08/2026 03:15:00 PM

**Document Has Been Signed on** 07/08/2026 03:15 PM **- It Cannot Be Edited**

| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br>**FACILITY EVALUATION REPORT** | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100<br>SACRAMENTO, CA 95827 |
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| FACILITY NAME: | TRINITY VALLEY CARE | | FACILITY NUMBER: | 507005673 |
| ADMINISTRATOR/ DIRECTOR: | TRINIDAD, JOANNE | | FACILITY TYPE: | 740 |
| ADDRESS: | 242 S LAUREL ST | | TELEPHONE: | (209) 678-4489 |
| CITY: | TURLOCK | STATE: CA | ZIP CODE: | 95380 |
| CAPACITY: 15 | | CENSUS: 6 | DATE: | 07/08/2026 |
| TYPE OF VISIT: | Required - 1 Year | UNANNOUNCED | TIME VISIT/ INSPECTION BEGAN: | 11:00 AM |
| MET WITH: | Jason Trinidad | | TIME VISIT/ INSPECTION COMPLETED: | 03:15 PM |

## NARRATIVE

Licensing Program Analyst, LPA, Noel Wolf Petersen Arrived unannounced to the facility to conduct an annual inspection of the licensed property. LPA met with Administrator Jason Trinidad to explain the purpose of the visit.

A physical inspection was conducted including but not limited to the kitchen, bedrooms, bathrooms, exteriors, common areas, and evacuation route. the facility is clean, the traffic areas are well lit and unobstructed.Kitchen had adequate storage for sharps, medications, and toxics. The facility has adquate storage of food for 2 days perishable and 7 days non perishable foods. Bedrooms and bathrooms have adequate furniture and furnishings. The bathroom hardware is in good repair, water basin temperature is delivered between 105 and 120*F. LPA gave guidance the water heater in the northeast corner of the floor plan should get some calibration. Exteriors and common areas have adequate space for activities. Evacuation route swings freely and latches closed.

Medication was reviewed for 3 clients at random, two clients had a discrepancy with the PRN reason section being filled out. LPA gave guidance to completely fill out. First aid kit has required items, the smoke alarm is functional, fire extinguisher is dated september 2025. Interviewed 2 staff, interviewed 2 clients.

Staff files were reviewed for health screening, background check, first aid/cpr, and continuing/initial training. files were present and up to date. Client files were reviewed for health screening, needs and services plans, updated medical/mental assessments, admission agreement. files are present and up to date. Administrator files: including liability insurance and workers comp, facility license, administrator's certificate, the required posters(ombudsman, personal rights, facility sketch with evacuation route). files are present and up to date.

No citations issued as part of this visit. a copy of the report was read and given to the administrator. exit interview conducted.

**NAME OF LICENSING PROGRAM MANAGER:** Liza King
**NAME OF LICENSING PROGRAM ANALYST:** Noel Wolf Petersen
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/08/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/08/2026

**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.