

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 075601441

Report Date: 03/13/2026

Date Signed: 03/13/2026 02:53:12 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME:	HARMONY HOME CARE	FACILITY NUMBER:	075601441
ADMINISTRATOR/LINGBANAN, VICTORIA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(925) 934-8827
ADDRESS:	1621 THIRD AVENUE	STATE: CA	ZIP CODE: 94597
CITY:	WALNUT CREEK	CENSUS: 15	DATE: 03/13/2026
CAPACITY: 22		UNANNOUNCED TIME VISIT/	
TYPE OF VISIT: Required - 1 Year		INSPECTION	10:45 AM
		BEGAN:	
MET WITH: Victoria Lingbanan, Administrator		TIME VISIT/	
		INSPECTION	03:00 PM
		COMPLETED:	

NARRATIVE

1 On 03/13/2026 at 10:45 AM, Licensing Program Analyst (LPA) L. Alexander arrived
2 unannounced to conduct 1-Year Annual Required inspection. LPA met with
3 Caregiver, Christopher Mendoza and explained the purpose of the visit. Christopher
4 phoned, Administrator/Licensee, Victoria Lingbanan, to inform. Johnny and Victoria
5 Lingbanan arrived shortly after. The facility's fire clearance was approved for
6 capacity of twenty-two (22) residents. Where all can be non-ambulatory . Hospice
7 waiver approved for five (5) residents. Administrator certificate #7001801740 expires
8 11/25/2027.
9
10
11
12 LPA toured the facility with Licensees Johnny & Victoria Lingbanan including but not
13 limited to the residents' apartments, bathrooms, multiple activity rooms, kitchen,
14 common area and courtyard. There are no bodies of water observed. LPA observe
15 lighting in all rooms are adequate for the comfort and safety of the residents.
16 Hallway temperature was maintained at 76 degrees F. LPA observed lighting in all
17 rooms are adequate for the comfort and safety of the residents. The hot water
18 temperature in a sample of residents' shared bathroom were measured at 106.7 and
19 109 degrees Fahrenheit. Residents' bathrooms are equipped with grab bars and
20 non-skid mats. There is a minimum of one-week supply of nonperishable and 2-day
21 of perishable foods. Centrally stored medications, sharps and toxic are locked and
22 inaccessible to residents in care.
23
24
25 LIC809-C Continued...

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong

NAME OF PROGRAM ANALYST: Lori Alexander-Washington

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/13/2026

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

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

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California Department of Social Services

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

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.

LIC809 (FAS) - (09/23)

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Created By: Lori Alexander-Washington On 03/13/2026 at 01:45 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: HARMONY HOME CARE

FACILITY NUMBER: 075601441

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/13/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.625(b)(1)	
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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 observation, interview, record review, the licensee did not comply with the section cited above in by not completing 40 hrs of training with S6, S7 and S9 which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 04/10/2026
	Plan of Correction
1 2 3 4	Administrator agreed to propose a detailed plan moving forward on how they will implement training for new staff with S6, S7 and S9 submit copies of the trainings to CCLD by POC due date.

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	Bennett Fong
MANAGER:	
NAME OF LICENSING PROGRAM	Lori Alexander-Washington
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/13/2026

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

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: HARMONY HOME CARE

FACILITY NUMBER: 075601441

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/13/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	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	Based on observation, interview, record review, the licensee did not comply with the section cited above in by not completing 20 hours annual training for S2, S3, S4, S5 and S8 which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 04/10/2026
	Plan of Correction
1	Administrator agreed to propose a detailed plan moving forward on how they will implement annual 20 hours of training for S2, S3, S4, S5 and S8 and submit the completed trainings to CCLD by POC due date.
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:	Bennett Fong
NAME OF LICENSING PROGRAM ANALYST:	Lori Alexander-Washington

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature area]

DATE: 03/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature area]

DATE: 03/13/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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NARRATIVE

1 LIC809-C (Page 2)

2

3 Smoke and carbon monoxide detectors were in operating condition during visit. Fire

4 extinguisher was last serviced on 02/18/2026. Emergency Disaster Plan was last

5 posted on 01/07/2026. First aid kit was observed to be complete. Emergency

6 disaster drill was last conducted on 01/15/2026.

7

8

9 LPA reviewed residents records. LPA reviewed ten (10) staff records and 10 of 10

10 have current first aid training and associated to the facility.

11

12

13 **Updated copies of the following documents were requested for facility file and**

14 **are to be submitted to CCL by 03/20/2026:**

15

16 LIC 308 Designation of Administrative Responsibility - Reviewed

17 LIC 309 Administrative Organization - Reviewed

18 Updated LIC 500 Personnel Report

19 LIC 610E Emergency Disaster Plan - Reviewed

20 Copy of Liability Insurance Certificate

21 Current Administrator's Certificate - Reviewed

22

23

24

25 **The following deficiencies were observed (see LIC 809D) and cited from the**

26 **California Code of Regulations, Title 22 and/or Health and Safety Code Failure**

27 **to correct deficiencies by POC date may result in additional Civil Penalties.**

28

29

30 Exit interview conducted. Appeal Rights and a copy of this report provided.

31

32

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong

NAME OF LICENSING PROGRAM ANALYST: Lori Alexander-Washington

LICENSING PROGRAM ANALYST SIGNATURE: [Signature area]

DATE: 03/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature area]

DATE: 03/13/2026