

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 075601577

Report Date: 11/18/2025

Date Signed: 11/18/2025 02:11:08 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: RN3 LOVING CARE HOME IV	FACILITY NUMBER: 075601577
ADMINISTRATOR/WU, MEINA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 8320 BUCKINGHAM DRIVE	TELEPHONE: (510) 439-7063
CITY: EL CERRITO	STATE: CA
CAPACITY: 8	ZIP CODE: 94530
TYPE OF VISIT: Required - 1 Year	CENSUS: 4
	DATE: 11/18/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 12:20 PM
MET WITH: Meina Wu, Administrator	TIME VISIT/INSPECTION
	COMPLETED: 02:50 PM

### NARRATIVE

1 On 11/18/2025 at 12:20 PM, Licensing Program Analyst (LPA) Ardalan Gharachorloo and David Doidge  
2 arrived unannounced to conduct 1-Year Annual Required inspection. LPA met with Administrator, Enjei  
3 Lee and explained the purpose of the visit. At 1:30 pm, Meina Wu, the administrator arrived and met  
4 with the LPAs.  
5  
6 LPA toured facility including but not limited to bedrooms, bathrooms, kitchen, common area and  
7 backyard. All outdoor and indoor passageways are kept free of obstruction. There are no bodies of  
8 water observed. A comfortable temperature is maintained at 73 degrees Fahrenheit. LPA observed  
9 lighting in all rooms are adequate for the comfort and safety of the residents. The hot water temperature  
10 in the residents' shared bathroom was measured at 109 degrees Fahrenheit. Residents' bathrooms are  
11 equipped with grab bars and non-skid mats. There is a minimum of one week supply of non-perishable  
12 and 2 day of perishable foods. Centrally stored medication and sharps were locked and inaccessible to  
13 residents.  
14  
15 Smoke detectors and carbon monoxide detectors were in operating condition during visit. Fire  
16 extinguisher was last serviced on 04/22/2024. Emergency Disaster Plan was last posted on 11/18/2025.  
17 First aid kit was observed to be complete. Emergency disaster drill was last conducted on 10/03/2025.  
18  
19 LPA reviewed 4 residents records and 5 staff records; all were complete. LPA also reviewed a sample of  
20 resident's medications. The following documents were reviewed during the visit: LIC 500 Personnel  
21 Report  
22 LIC 610E Emergency Disaster Plan, Liability Insurance, and Current Administrator's Certificate.  
23  
24  
25  
\*\*\*CONTINUE ON 9099C\*\*\*

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Ardalan Gharachorloo

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 11/18/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 11/18/2025

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

LIC809 (FAS) - (06/04)

California Health &amp; 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 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.

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**Created By: Ardalan Gharachorloo On 11/18/2025 at 01:27 PM**  
**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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**FACILITY NAME:** RN3 LOVING CARE HOME IV  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 075601577  
**VISIT DATE:** 11/18/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type A</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87203</b>	
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All facilities shall be maintained in conformity with the regulations adopted by the State Fire Marshal for the protection of life and property against fire and panic.  
  
 This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1 2 3 4	Based on observation, the fire extinguisher was expired with a date of 04/22/2024, which poses an immediate health, safety or personal rights risk to persons in care.
	<b>POC Due Date:</b> 11/19/2025
	<b>Plan of Correction</b>
1 2 3 4	The licensee shall replace and service the expired fire extinguisher and submit a picture by the POC date.

		<b>Section Cited</b>			
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	<b>Deficient Practice Statement</b>
1 2 3 4	
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
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.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Yvonne Flores-Larios
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Ardalan Gharachorloo

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature area]

DATE: 11/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature area]

DATE: 11/18/2025

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
OAKLAND ASC, 1515 CLAY STREET, STE. 310  
OAKLAND, CA 94612

**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** RN3 LOVING CARE HOME IV

**FACILITY NUMBER:** 075601577

**VISIT DATE:** 11/18/2025

**NARRATIVE**

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\*\*\*CONTINUE FROM 9099\*\*\*

**THE FOLLOWING DEFICIENCY WAS OBSERVED:**

- At 1:10 PM, LPA's observed that the fire extinguisher was expired with a date of 04/22/2024.

**The above deficiency was observed (see LIC 809D) and cited from the California Code of Regulations. Failure to correct deficiency by POC date may result in additional Civil Penalties.**

Exit interview conducted with Administrator. LIC809D, Appeal Rights and a copy of this report provided.

**NAME OF LICENSING PROGRAM MANAGER:** Yvonne Flores-Larios

**NAME OF LICENSING PROGRAM ANALYST:** Ardalan Gharachorloo

**LICENSING PROGRAM ANALYST SIGNATURE:**

DATE: 11/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature area]

DATE: 11/18/2025