

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 079200582

Report Date: 11/25/2025

Date Signed: 11/25/2025 04:27:38 PM

Document Has Been Signed on 11/25/2025 04:27 PM - It Cannot Be Edited

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

FACILITY NAME:	AMBASSADOR CARE HOME	FACILITY NUMBER:	079200582
ADMINISTRATOR/DIRECTOR:	IKHARO-UMARU, RAUFAT	FACILITY TYPE:	740
ADDRESS:	145 BEEDE WAY	TELEPHONE:	(510) 812-2188
CITY:	ANTIOCH	STATE:	CA
CAPACITY:	6	ZIP CODE:	94509
TYPE OF VISIT:	Required - 1 Year	CENSUS:	4
		DATE:	11/25/2025
		UNANNOUNCED TIME VISIT/INSPECTION	03:04 PM
MET WITH:	Raufat Ikharo-Umaru, Administrator	BEGAN TIME VISIT/INSPECTION	06:30 PM
		COMPLETED:	

### NARRATIVE

1 On 11/25/25 at 3PM, Licensing Program Analyst (LPA) D Panlilio conducted an  
 2 unannounced annual required inspection. LPA met with Administrator (ADM) and  
 3 explained the purpose of the visit.  
 4

5  
 6 At 3:10PM, LPA toured the facility with including but not limited to bedrooms,  
 7 bathrooms, kitchen, common area, garage and backyard. The facility consists of four  
 8 (4) bedrooms and three and one-half (3 1/2) bathrooms. Swimming pool in back yard  
 9 is surround and locked with metal gate. A comfortable temperature is maintained at  
 10 70 degrees Fahrenheit. LPA observed lighting in all rooms are adequate for the  
 11 comfort and safety of the residents. The hot water temperature in the residents'  
 12 shared bathroom was not working. Residents' bathrooms are equipped with grab  
 13 bars. Carbon monoxide were in operating condition during visit. Fire extinguisher  
 14 was last purchased on 11/17/25. First aid kit was observed to be complete.  
 15  
 16

17  
 18 At 3:30PM, the following deficiencies were observed during visit:

- 19 • Smell of urine in the dining area
- 20 • Broken towel holder, broken window blinds (3), back door leading to side yard
- 21 is hard to open
- 22
- 23
- 24
- 25

Deficiencies are cited per Title 22 California Code of Regulations and listed on LIC809D. Failure to submit proof of corrections (POC) by plan of correction due date and/or any repeat deficiencies within a 12-month period may result in civil penalties.

**NAME OF LICENSING PROGRAM MANAGER:** Bennett Fong

**NAME OF LICENSING PROGRAM ANALYST:** Daisy Panlilio

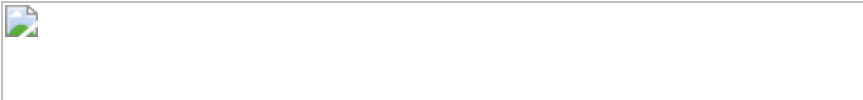
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/25/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/25/2025

**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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES          COMMUNITY CARE LICENSING DIVISION          CCLD Regional Office, 1515 CLAY STREET, STE. 310          OAKLAND, CA 94612</p>
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**FACILITY NAME:** AMBASSADOR CARE HOME

**FACILITY NUMBER:** 079200582

**VISIT DATE:** 11/25/2025

NARRATIVE	
1	LPA requested the following documents to be submitted to CCLD by 11/26/25
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3	
4	• LIC 308 Designation of Administrative Responsibility
5	• LIC 500 Personnel Report
6	• LIC 610E Emergency Disaster Plan
7	• Liability Insurance
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10	Exit interview conducted. Appeal rights and a copy of this report provided.
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**NAME OF LICENSING PROGRAM MANAGER:** Bennett Fong  
**NAME OF LICENSING PROGRAM ANALYST:** Daisy Panlilio  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_ **DATE:** 11/25/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 11/25/2025

Created By: Daisy Panlilio On 11/25/2025 at 04:07 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:** AMBASSADOR CARE HOME  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 079200582  
**VISIT DATE:** 11/25/2025

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

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87303(1)</b>	
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(1) Floor surfaces in bath, laundry and kitchen areas shall be maintained in a clean, sanitary, and odorless condition.

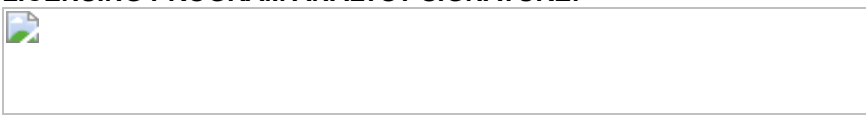
	<b>Deficient Practice Statement</b>
1	Based on observation, the licensee did not comply with the section cited above as evidenced by smell of urine in dining areas which poses/posed a potential health, safety or personal rights risk to persons in care.
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3	
4	
	<b>POC Due Date:</b> 12/05/2025
	<b>Plan of Correction</b>
1	By POC due date, ADM agrees to complete and submit to CCLD proof of correction in compliance with Section 87303 (1) regulation.
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	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87303(a)</b>	
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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.

	<b>Deficient Practice Statement</b>
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above in [count] out of [total count] [(objects) (persons)] [identifiers] which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	<b>POC Due Date:</b> 12/05/2025
	<b>Plan of Correction</b>
1	By POC due date, ADM agrees to complete and submit to CCLD proof of correction in compliance with Section 87303(a) regulation.
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>	Bennett Fong
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Daisy Panlilio
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 11/25/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/25/2025