

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 079200595  
Report Date: 10/30/2025  
Date Signed: 10/30/2025 02:53:39 PM

Document Has Been Signed on 10/30/2025 02:53 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:	LOVING HEART CARE HOME	FACILITY NUMBER:	079200595
ADMINISTRATOR/VAHID SANTOS, ELVIRA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(925) 948-5221
ADDRESS:	2652 CARSON WAY	STATE:	CA
CITY:	ANTIOCH	ZIP CODE:	94531
CAPACITY:	6	CENSUS:	6
TYPE OF VISIT:	Required - 1 Year	DATE:	10/30/2025
		UNANNOUNCED TIME VISIT/INSPECTION	02:40 PM
		BEGAN:	
MET WITH:	Marc Rico, Administrator	TIME VISIT/INSPECTION	05:30 PM
	Elvira Santos Vahid, Co-Administrator	COMPLETED:	

NARRATIVE	
1	On 10/30/25 at 2:40 PM, Licensing Program Analyst (LPA) D Panlilio arrived unannounced to conduct
2	an annual required inspection. LPA met with administrator (ADM) and explained the purpose of the visit.
3	LPA observed ADM has current RCFE administrator certificate# 6070341740 which expires 06/27/26.
4	
5	At 2:50PM, LPA toured the facility including but not limited to the front entrance, screening station,
6	kitchen, bathrooms, bedrooms and common areas. There is one central entry point for universal
7	screening for staff, residents and visitors. A sign-in policy, visitor's logs, no touch thermometer, additional
8	face masks and hand sanitizers were observed at the screening station. Emergency Disaster Plan,
9	Complaint poster, Personal rights, Cough/sneeze etiquette, proper hand-washing signs were observed
10	posted in common areas. Facility has a sufficient 2-day perishable and 7-day non-perishable food
11	supply. Facility has a 30-day supply of PPEs, paper, medications locked in cabinets. Comfortable
12	temperature is maintained at 75 deg F. Hot water temperature was measured at 114 deg F. Facility has
13	a mitigation plan in place and the infection control leader is the administrator. Inside and outside
14	pathways were free of obstruction and fire hazards. Smoke and Carbon monoxide detectors were
15	operational. Fire extinguisher was observed fully charged and purchased on 10/30/25. LPA reviewed 4
16	staff and 5 resident files.
17	
18	Updated copies of the following documents were collected for facility file:
19	<input type="checkbox"/> LIC500- Personnel Report
20	<input type="checkbox"/> Resident Roster
21	<input type="checkbox"/> LIC308- Designation of Facility Responsibility
22	<input type="checkbox"/> LIC610E- Emergency/Disaster Plan including infection control plans
23	<input type="checkbox"/> Evidence of Liability Insurance
24	
25	No deficiencies observed during visit. Exit interview conducted and a copy of this report provided.

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Bennett Fong <b>NAME OF LICENSING PROGRAM ANALYST:</b> Daisy Panlilio
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**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 10/30/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 10/30/2025

**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.