

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200598
Report Date: 06/17/2026
Date Signed: 06/17/2026 01:33:17 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	GRANADA CARE HOME NO 1	FACILITY NUMBER:	079200598
ADMINISTRATOR/LI, FEI KEVIN		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	2359 GRANADA COURT	TELEPHONE:	(510) 758-9888
CITY:	PINOLE	STATE: CA	ZIP CODE: 94564
CAPACITY: 6		CENSUS: 6	DATE: 06/17/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	10:00 AM
		BEGAN:	
MET WITH:	REGGIELYN DAIGADIGAN, CAREGIVER	TIME VISIT/	
		INSPECTION	02:00 PM
		COMPLETED:	

NARRATIVE	
1	On 6/17/2026 at 10:00am, Licensing Program Analyst (LPA) Carol Fowler conducted an unannounced 1-Year Required inspection. LPA met with Reggielyn Daigadigan, Caregiver. Fei Kevin Li, Administrator arrived at 11:40am and LPA explained the purpose of the visit. The Administrator currently holds a certificate (#7035708740) that expires on 07/26/2026. The facility's fire clearance was approved for six (6) non-ambulatory residents.
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9	LPA toured the facility including but not limited to bedrooms, bathrooms, kitchen, common area, garage and backyard. The facility consists of four (4) total bedrooms, which one (1) bedroom is occupied by staff, and two (2) bathrooms. No bodies of water observed. A comfortable temperature is maintained at 69 degrees Fahrenheit. LPA observed lighting in all rooms are adequate for the comfort and safety of the residents. The hot water temperature in the residents' shared bathroom was measured at 126.3 degrees Fahrenheit Administrator adjusted water temperature. Residents' bathrooms are equipped with grab bars.
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NAME OF LICENSING PROGRAM MANAGER: Bennett Fong
NAME OF LICENSING PROGRAM ANALYST: Carol Fowler

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/17/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: GRANADA CARE HOME NO 1 FACILITY NUMBER: 079200598
VISIT DATE: 06/17/2026

NARRATIVE	
1	CONTINUE FROM LIC809
2	
3	Smoke detectors and carbon monoxide were in operating condition during visit. Fire
4	extinguisher was last serviced on 02/19/2026. Emergency Disaster Plan posted.
5	First aid kit was observed to be complete.
6	
7	
8	LPA reviewed three (3) staff files and all three (3) resident files which were all
9	complete.
10	
11	LPA requested the following documents to be submitted to CCLD by 06/25/2026.
12	
13	· LIC 308 Designation of Administrative Responsibility
14	· LIC 309 Administrative Organization
15	· LIC 500 Personnel Report
16	· LIC 610E Emergency Disaster Plan
17	· Liability Insurance
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19	
20	LPA observed the following deficiencies:
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22	• At 10:50am, LPA observed bedrooms 1, 2 and 3 is missing doors.
23	• At 11:00am, LPA observed kitchen dishwasher in disrepair.
24	• At 11:02am, LPA observed pre-poured medication.
25	• At 11:05am, LPA observed cobwebs and dirty curtains on the large
26	window/sliding back door.
27	
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30	
31	Exit interview conducted. A copy of appeal rights and this report provided
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NAME OF LICENSING PROGRAM MANAGER: Bennett Fong	
NAME OF LICENSING PROGRAM ANALYST: Carol Fowler	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/17/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/17/2026

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
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: GRANADA CARE HOME NO 1 FACILITY NUMBER: 079200598

NARRATIVE

1 CONTINUE FORM LIC809C

- 2
- 3 • At 11:06am, LPA observed the gazebo located in the backyard in disrepair.
- 4 • At 11:07am, LPA observed wood plank lose on walkway located in the
- 5 backyard.
- 6 • At 11:08am, LPA observed a washer, walker, boxes, large bowl, chair, 5 gallon
- 7 paint, 2 ladders and wood planks located in the backyard.
- 8
- 9
- 10

11 The deficiencies were observed (see LIC809D) and cited from the California Code of Regulation, Failure

12 to submit proof of corrections (POC) by plan of correction due date and/or any repeat deficiencies within

13 a 12-month period may result in civil penalties.

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15 Exit interview conducted. A copy of appeal rights and this report provided.

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NAME OF LICENSING PROGRAM MANAGER: Bennett Fong

NAME OF LICENSING PROGRAM ANALYST: Carol Fowler

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/17/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/17/2026

LIC809 (FAS) - (06/04)

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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

FACILITY NAME: GRANADA CARE HOME NO 1

FACILITY NUMBER: 079200598

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/17/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type A

Section Cited

CCR

87303(e)(2)

Maintenance and Operation

(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above by having water temperature at 126.3 which poses an immediate health and safety or personal rights risk to persons in care.
	POC Due Date: 06/18/2026
	Plan of Correction
1 2 3 4	ADMINISTRATOR ADJUSTED WATER TEMPERATURE DURING VISIT. DEFICIENCY CLEARED DURING VISIT.

	Type A	Section Cited	CCR	87465(h)(5)	
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Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (5) Each resident's medication shall be stored in its originally received container. No medications shall be transferred between containers.	
This requirement is not met as evidenced by:	
	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above by having pre-poured medication which poses an immediate health and safety risk to persons in care.
	POC Due Date: 06/19/2026
	Plan of Correction
1 2 3 4	Administrator agreed to read the regulation and conduct in-service with staff. ADM will submit a copy of the staff sign-in sheet to the Department by the POC 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 MANAGER:	Bennett Fong
NAME OF LICENSING PROGRAM ANALYST:	Carol Fowler
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/17/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
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	OAKLAND, CA 94612

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type B

Section Cited

CCR

87303(a)

Maintenance and Operation

(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.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on observation, the licensee did not comply with the section cited above by having a dishwasher
2 and gazebo, and a wood plank in disrepair, a washer, boxes, large bowl, chair, 5 gallon paint, 2 ladders
3 and wood planks located in the backyard, curtains stained and cobwebs located in the common area
4 which poses a potential health and safety risk to persons in care.

POC Due Date: 07/03/2026

Plan of Correction

1 Administrator agreed to remove, replace or repair the dishwasher, replace the curtains and clean the
2 spider webs, and removed the washer, boxes, large bowl, chair, 5 gallon paint, 2 ladders and wood
3 planks located in the backyard by the POC date
4

Type B

Section Cited

CCR

87307(a)

Personal Accommodations and Services

(a) Living accommodations and grounds shall be related to the facility's function. The facility shall be large enough to provide comfortable living accommodations and privacy for the residents, staff, and others who may reside in the facility. The following provisions shall apply:

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on observation, the licensee did not comply with the section cited above by removing bedroom 1,
2 2 and 3 doors which poses a potential health and safety or personal rights risk to persons in care.
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4

POC Due Date: 07/03/2026

Plan of Correction

1 Administrator agreed to replace bedroom doors and submit photos to the Department by the POC date.
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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: Carol Fowler
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/17/2026

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DATE: 06/17/2026