

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200748

Report Date: 01/21/2026

Date Signed: 01/21/2026 04:45:41 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: TREVISTA ANTIOCH	FACILITY NUMBER: 079200748
ADMINISTRATOR/ALBERTO MALDONADO	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 3950 LONE TREE WAY	TELEPHONE: (925) 470-3395
CITY: ANTIOCH	STATE: CA
CAPACITY: 131	ZIP CODE: 94509
TYPE OF VISIT: Case Management - Incident	CENSUS: 115
	DATE: 01/21/2026
	UNANNOUNCED TIME VISIT/INSPECTION: 04:30 PM
	BEGAN: TIME VISIT/INSPECTION: 06:30 PM
MET WITH: Erika Mendez, Wellness Director	COMPLETED:

NARRATIVE

1 On 01/21/26 at 4:40PM, while at the facility for another reason, LPA D Panlilio spoke with Manager on
2 Duty (MOD) and Wellness Director (WD) regarding the self reported sexual abuse incident on 01/14/26.
3 LPA obtained the following information from MOD and WD:
4
5 On 01/15/26, resident (R1) disclosed that on 01/04/26 and 01/08/26, during shower assistance provided
6 by caregiver (S1), R1 stated that S1 allegedly touched her genital area inappropriately. R1 reported the
7 incident to her family member during a phone conversation at a later date, who in turn reported it to
8 management for investigation. The facility notified local police who investigated S1 the same day and
9 also sent SOC341 to Ombudsman. WD stated R1 has mild dementia and did not want to be evaluated.
10 A police report# 26-385 was filed. WD conducted an internal investigation and interviewed 5 other
11 residents (R2, R3, R4, R5,R6) under S1's care. They stated that staff (including S1) are great, kind,
12 helpful, provide good care and that they have no concerns with staff. LPA interviewed S1 who stated
13 that she did not inappropriately touch R1 in her genital area during the 2 weekly showers she gave her.
14 S1 stated R1 was holding onto the bath grab bar with one hand and had pain in her other hand. S1
15 stated R1 requested her to clean her with a wash cloth. S1 cleaned R1's side groin area with the wash
16 cloth and denied touching her inappropriately.
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18 No deficiency cited during visit. Exit interview conducted 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: 01/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/21/2026

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.