

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200765

Report Date: 11/18/2025

Date Signed: 11/18/2025 04:24:58 PM

Document Has Been Signed on 11/18/2025 04:24 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME:	PLEASANT HILL OASIS	FACILITY NUMBER:	079200765
ADMINISTRATOR/ELEGADO, LIZA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(925) 937-5348
ADDRESS:	40 BOYD RD	STATE: CA	ZIP CODE: 94523
CITY:	PLEASANT HILL	CENSUS: 49	DATE: 11/18/2025
CAPACITY:	49	UNANNOUNCED TIME VISIT/INSPECTION	02:25 PM
TYPE OF VISIT:	Case Management - Deficiencies	BEGAN:	
MET WITH:	Delia Perez, Care Supervisor	TIME VISIT/INSPECTION	04:30 PM
		COMPLETED:	

NARRATIVE

1 On 11/18/2025 at 2:25 PM Licensing Program Analyst (LPA) L. Alexander arrived
2 unannounced to conduct a Case Management. LPA met with Care Supervisor, Delia
3 Perez, and explained the purpose of the visit. Executive Director, Liza Elegado was
4 unavailable.
5

6
7 LPA conducted an Annual Inspection on 08/28/2025 and cited for deficiencies. The
8 Plan of Correction (POC) original due dates was 09/12/2025. LPA conducted a POC
9 visit on 10/02/2025 in which there were deficiencies not cleared.
10

11
12 **Deficiencies not cleared:**
13 CCR 87303(a)(1) Repeat Violation. Civil penalty assessed \$250.00.
14

THE FOLLOWING DEFICIENCIES WERE OBSERVED DURING VISIT:

- 18 • At 2:27pm door to medication room was unlocked, door not closed and no one
19 supervising.
20
- 21 • At 2:50pm cleaning cart located in hallway with Clorox Bleach and other
22 cleaning chemicals left unattended
23
24
25

LIC809-C Continued...

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong
NAME OF LICENSING PROGRAM ANALYST: Lori Alexander-Washington
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.

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 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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: PLEASANT HILL OASIS

FACILITY NUMBER: 079200765

VISIT DATE: 11/18/2025

NARRATIVE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	LIC809-C (Page 2) <u>THE FOLLOWING DEFICIENCIES WERE OBSERVED DURING VISIT CONTINUED:</u> <ul style="list-style-type: none"> • At 2:56PM ladder located outside unattended • At 2:57pm wood located outside by a shed • At 2:59pm long cylinder object laying next to fence on side yard • At 3:00pm cigarette butts located outside on the grounds • At 3:00pm two (2) bicycles located outside • At 3:01pm floors dirty <p>The deficiencies were observed (see LIC809D) and cited from the California Code of Regulation, Title 22. Failure to correct the deficiencies may result in civil penalties.</p> <p>Exit interview conducted. A copy of this report, LIC421FC and appeal rights provided</p>
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NAME OF LICENSING PROGRAM MANAGER: Bennett Fong	
NAME OF LICENSING PROGRAM ANALYST: Lori Alexander-Washington	
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
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: PLEASANT HILL OASIS **FACILITY NUMBER:** 079200765
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 11/18/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/19/2025 Section Cited CCR 87465(h)(2)	1 87465 Incidental Medical and Dental 2 Care (h) The following requirements 3 shall apply to medications which are 4 centrally stored: (2) Centrally stored 5 medicines shall be kept in a safe and 6 locked place that is not accessible to 7 persons other than employees responsible for the supervision of the centrally stored medication.	1 Administrator will conduct In-Service 2 training with Med Techs/Staff on 3 keeping medications safe/locked and 4 inaccessible to residents. Submit 5 participant sign-in sheet with topic 6 summary to CCLD by POC due date. 7
	8 Based on observation, the licensee did 9 not comply with the section cited above 10 in by not having the medication room 11 door locked, unopened and left 12 unattended by staff which poses an 13 immediate health and safety risk to 14 persons in care.	
Type A 11/19/2025 Section Cited CCR87309(a)	1 87309 Storage Space and Access 2 (a) Except...(b), the licensee shall 3 ensure that disinfectants, cleaning 4 solutions, poisonous substances, ...and 5 other similar items which could pose a 6 danger to residents are in locked 7 storage and are not left unattended if outside the locked storage.	1 Administrator will conduct In-Service 2 training with Staff/Housekeeping Staff 3 on keeping disinfectants, cleaning 4 solutions, poisonous substances 5 inaccessible to residents and left 6 unattended by staff. Submit participant 7 sign-in sheet with topic summary to CCLD by POC due date.
	8 Based on observation, the licensee did 9 not comply with the section cited above 10 in by not having Clorox Bleach and 11 other cleaning disinfectants 12 inaccessible to residents and 13 unattended by staff which poses an 14 immediate health and safety risk to persons in care.	

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:	Lori Alexander-Washington
LICENSING PROGRAM ANALYST SIGNATURE:	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	DATE: 11/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	DATE: 11/18/2025

Created By: Lori Alexander-Washington On 11/18/2025 at 03:55 PM
 Link to Parent Document Below:

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FACILITY NAME: PLEASANT HILL OASIS

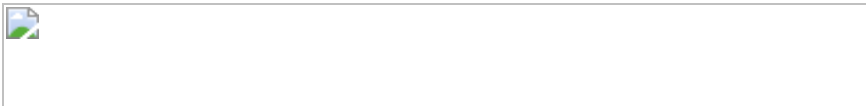
FACILITY NUMBER: 079200765

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/18/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 11/25/2025 Section Cited CCR 87303(a)(1)	1 (a) The facility shall be clean, safe, 2 sanitary and in good repair at all times. 3 Maintenance shall include provision of 4 maintenance services and procedures 5 for the safety and well-being of 6 residents, employees and visitors. (1) 7 Floor surfaces in bath, laundry and kitchen areas shall be maintained in a clean, sanitary, and odorless condition. This requirement is not met as evidenced by:	1 Administrator will create a detail plan 2 and schedule on cleaning, keeping the 3 grounds clean, maintenance and 4 ensuring that repairs are maintained 5 and completed. Submit photos of areas 6 cleaned and detail plan to CCLD by 7 POC due date.
8 9 10 11 12 13 14	Based on observation, the licensee did not comply with the section cited above in by not having the residents' bathrooms clean including but not limited to the floors, toilets, sinks, bedroom floors, the kitchen, the hallway carpets deep cleaned with dirt spots, floor molding cleaned outside with cigarette butts laying on the grounds (front/side/back yards), garbage, bicycles, ladder, wood, cyclinder objects which poses a potential health, safety or personal rights risk to persons in care.	8 Repeat Violation civil penalty \$250.00 9 10 11 12 13 14
1 2 3 4 5 6 7		1 2 3 4 5 6 7
1 2 3 4 5 6 7		1 2 3 4 5 6 7

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	Bennett Fong
MANAGER:	
NAME OF LICENSING PROGRAM	Lori Alexander-Washington
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 11/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/18/2025