

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200937
Report Date: 10/20/2025
Date Signed: 10/20/2025 04:24:56 PM

Document Has Been Signed on 10/20/2025 04:24 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612	
FACILITY EVALUATION REPORT			
FACILITY NAME: AGING IN THE BAY		FACILITY NUMBER:	079200937
ADMINISTRATOR/CHARMAINE MENDAROS		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(925) 206-4770
ADDRESS:	4617 HIDDEN GLEN DR	ZIP CODE:	94531
CITY:	ANTIOCH	STATE: CA	DATE: 10/20/2025
CAPACITY: 6	CENSUS: 5	UNANNOUNCED TIME VISIT/	INSPECTION
TYPE OF VISIT: Required - 1 Year			01:15 PM
MET WITH:	Charmaine Mendaros, Administrator	BEGAN: TIME VISIT/	INSPECTION
			05:30 PM
		COMPLETED:	

NARRATIVE	
1	On 10/20/25 at 01:15 PM, Licensing Program Analyst (LPA) D Panlilio arrived unannounced to conduct an annual required inspection. LPA met with administrator (ADM) and explained the purpose of the visit. LPA observed ADM has a current administrator certificate# 7032646740 which expires 12/12/26.
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5	At 2PM, LPA toured the facility including but not limited to the front entrance, screening station, kitchen, bathrooms, bedrooms and common areas. There is one central entry point for universal screening for staff, clients and visitors. A sign-in policy, visitor's logs, no touch thermometer, additional face masks and hand sanitizer were observed at the screening station. Emergency Disaster Plan, Complaint poster, Personal rights, Cough/sneeze etiquette, proper hand-washing signs were observed posted in common areas. Facility has a sufficient 2-day perishable and 7-day non-perishable food supply. Facility has a 30-day supply of PPEs, paper, medications locked in cabinets. Comfortable temperature is maintained at 76 deg F. Hot water temperature was measured at 114 deg F. Facility has a mitigation plan in place and the infection control leader is the administrator. Inside and outside pathways were free of obstruction and fire hazards. Smoke and Carbon monoxide detectors were operational. LPA reviewed 2 staff and 5 resident files.
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16	The following deficiencies were observed during visit: • Dirty carpets with odor in the front living room and TV area • Expired fire extinguishers - one fire extinguisher had unreadable old receipt and another had no reinspection tags or receipt taped to bottom half of cylinder • Lock on refrigerator door • Incomplete Personnel record (LIC 500)
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NAME OF LICENSING PROGRAM MANAGER: Bennett Fong**NAME OF LICENSING PROGRAM ANALYST:** Daisy Panlilio**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 10/20/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 10/20/2025**This report must be available at Child Care and Group Home facilities for public review for 3 years.****LIC809 (FAS) - (06/04)**

California Health & Human Services Agency

Page: 1 of 5

California Department of Social Services

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: AGING IN THE BAY	FACILITY NUMBER: 079200937
	VISIT DATE: 10/20/2025

NARRATIVE	
1	Deficiencies are cited per Title 22 California Code of Regulations and listed on LIC809D. Failure to submit proof of corrections (POCs) by plan of correction due dates and/or any repeat deficiencies within a 12-month period may result in civil penalties. Updated copies of the following documents were obtained from administrator: ☐ LIC500- Personnel Report ☐ Resident Roster ☐ LIC308- Designation of Facility Responsibility ☐ LIC610E- Emergency/Disaster Plan including infection control plans ☐ Evidence of Liability Insurance 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: 10/20/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 10/20/2025

Created By: Daisy Panlilio On 10/20/2025 at 03:13 PM
Link to Parent Document Below:

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FACILITY NAME: AGING IN THE BAY FACILITY NUMBER: 079200937
DEFICIENCY INFORMATION FOR THIS PAGE: VISIT DATE: 10/20/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 11/07/2025 Section Cited	1 The facility shall be clean, safe, sanitary 2 and in good repair at all times 3 4 5 6 7		
	8 This requirement was not met as 9 evidenced by dirty, odorous carpets in 10 the front entrance living room and TV 11 areas which posed a potential health & 12 safety risk to residents in care 13 14	8 9 10 11 12 13 14	
Type B 11/07/2025 Section Cited	1 All facilities shall be maintained in 2 conformity with the regulations adopted 3 by the State Fire Marshal for the 4 protection of life and property against 5 fire and panic 6 7		
	8 This requirement was not met as 9 evidenced by expired fire extinguishers 10 without re-inspection tags or current 11 purchase receipts which posed a 12 potential health & safety risk to 13 residents in care. 14	8 9 10 11 12 13 14	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 11/07/2025 Section Cited	1 Sufficient food service personnel shall 2 be employed, trained and their working 3 hours scheduled to meet the needs of 4 residents... 5 6 7		
	8 This requirement was not met as 9 evidenced by use of locking device on 10 refrigerator which posed a potential 11 health & safety risk to residents in care. 12 13 14	8 By POC due date, ADM agrees to 9 complete and submit to CCL staff re- 10 training on residents' personal rights 11 and having access to food in 12 compliance with Section 87555. 13 14	
Type B 11/07/2025 Section Cited	1 The licensee shall ensure that 2 personnel records are maintained on 3 the licensee, administrator and each 4 employee... 5 6 7		
	8 This requirement was not met as 9 evidenced by incomplete personnel 10 record (LIC500) which posed a 11 potential health & safety risk to 12 residents in care. 13 14	8 9 10 11 12 13 14	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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