

Department of

**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 079200940

**Report Date:** 02/04/2026

**Date Signed:** 02/04/2026 02:35:31 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	NEW ALAMO RESIDENCE HOME	FACILITY NUMBER:	079200940
ADMINISTRATOR/SAXENA, MEERAN		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(925) 743-1565
ADDRESS:	836 STONE VALLEY RD	STATE: CA	ZIP CODE: 94507
CITY:	ALAMO	CENSUS: 6	DATE: 02/04/2026
CAPACITY: 6		UNANNOUNCED TIME VISIT/	
TYPE OF VISIT: Required - 1 Year		INSPECTION	08:30 AM
		BEGAN:	
MET WITH: Administrator, Meeran Saxena		TIME VISIT/	
		INSPECTION	03:10 PM
		COMPLETED:	

NARRATIVE	
1	On 2/4/2026 at 8:30 AM, Licensing Program Analysts (LPA) A. Gomez arrived unannounced to conduct
2	1-Year Annual Required inspection. LPA met with Administrator, Meeran Saxena and explained the
3	purpose of the visit. The facility's fire clearance was approved for five (5) non-ambulatory and one (1)
4	bedridden residents.
5	
6	LPA toured facility with staff including but not limited to bedrooms, bathrooms, kitchen, common area
7	and backyard. The facility consists of 8 total bedrooms which 6 bedrooms are occupied by the residents
8	and 2 bedrooms are occupied by staff. All outdoor and indoor passageways are not kept free of
9	obstruction. There are no bodies of water observed. A comfortable temperature is maintained at 70
10	degrees Fahrenheit. LPA observed lighting in all rooms are adequate for the comfort and safety of the
11	residents. Residents' bathrooms are equipped with grab bars. There is a minimum of 2-day supply of
12	perishable foods. Centrally stored medication and sharps were not locked and inaccessible to residents.
13	Hot water temperature measured at 121.0 and 119.9 Degrees Fahrenheit.
14	
15	Smoke detectors and carbon monoxide detector were in operating condition during visit. Fire
16	extinguisher was last purchased on December 2025. Emergency Disaster Plan was last posted on
17	11/24/2024 (TV issued). First aid kit was observed to be complete. Emergency disaster drill was last
18	conducted on 12/16/2025.
19	
20	At 10:00am, LPA reviewed 6 residents records. At 10:30 am, LPA reviewed 3 staff records and 3 of 3
21	have current first aid training and associated to the facility.
22	
23	Report continues on LIC809-C
24	
25	

**NAME OF LICENSING PROGRAM MANAGER:** Yvonne Flores-Larios  
**NAME OF LICENSING PROGRAM ANALYST:** Alona Gomez

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 02/04/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/04/2026

**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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  COMMUNITY CARE LICENSING DIVISION  OAKLAND ASC, 1515 CLAY STREET, STE. 310  OAKLAND, CA 94612</p>
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**FACILITY NAME:** NEW ALAMO RESIDENCE HOME

**FACILITY NUMBER:** 079200940

**VISIT DATE:** 02/04/2026

**NARRATIVE**

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**THE FOLLOWING DEFICIENCIES WERE OBSERVED DURING VISIT:**

- At 9:14am LPA observed under kitchen sink cabinet unlocked with cleaning solutions/poisons, also observed on kitchen counter unsecured blue/cheeta print scissors/ yellow lighter and pink scissors in shared bathroom
- At 9:15am LPA observed unsecured prescription and PRN medications in kitchen cabinets (Aleve, Amlodipine), also unsecured medication in refrigerator on door (stomach relief, Lactulose, and NyQuil)
- At 9:20am LPA observed that the facility does not have enough food and of variety to meet the nutritional needs of residents
- At 9:21am LPA observed an unsupervised burning candle in room 2
- At 9:21am LPA observed full bed rails on R6's bed without the required documentation/exception
- At 9:27am LPA observed that both bathrooms do not have non-skid mats
- At 9:30am LPA observed that hot water measured at 121 degrees Fahrenheit in 1 of 2 bathrooms
- At 9:36am LPA observed that extra supplies/PPE are being stored in a shed in the backyard and observed rat droppings throughout
- At 9:37am LPA observed fire exit from living room slider blocked with a stick placed to prevent the door from being opened inside
- At 10:15am during file review LPA observed R1, and R3 do not have up to date physicians reports or appraisals
- At 10:30am during file review LPA observed S2 and S3 do not have their required yearly training's up to date.
- At 12:10pm LPA observed the facility is not serving balanced meals and had to advise them during lunch (served boiled carrots, meatballs, cake, water)
- LPA observed throughout visit that facility does not have planned activities and also no activity calendar

\*\*\*An immediate civil penalty for \$500 is being assessed on todays date\*\*\*  
\*\*\*A civil penalty in the amount of \$250 is being assessed for repeat violation on todays date\*\*\*

Administrator Had to leave for an appointment and approved Caregiver, Steven Bagunas to sign off on report(s).

**Updated copies of the following documents were requested for facility file and are to be submitted to CCL by 3/1/2026:**

- LIC 308 Designation of Administrative Responsibility
- LIC 500 Personnel Report
- LIC 610E Emergency Disaster Plan
- Liability Insurance

**NAME OF LICENSING PROGRAM MANAGER:** Yvonne Flores-Larios  
**NAME OF LICENSING PROGRAM ANALYST:** Alona Gomez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/04/2026

LIC809 (FAS) - (06/04)

Page: 3 of 14

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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: NEW ALAMO RESIDENCE HOME

FACILITY NUMBER: 079200940

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/04/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87309(a)	
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**Storage Space and Access**

(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage.  
  
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 in having dangerous items accesable which poses an immediate safety risk to persons in care.
2	
3	
4	

**POC Due Date:** 02/04/2026

**Plan of Correction**

1	Items removed POC clear
2	
3	
4	

	Type A	Section Cited	CCR	87465(h)(1)	
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**Incidental Medical and Dental Care Services**

(h) The following requirements shall apply to medications which are centrally stored: (1) Medications shall be centrally stored under the following circumstances:  
  
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 in not securiing medications which poses an immediate safety risk to persons in care.
2	
3	
4	

**POC Due Date:** 02/04/2026

**Plan of Correction**

1	Staff secured medications POC clear
2	
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 Yvonne Flores-Larios  
MANAGER:

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

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FACILITY NAME: NEW ALAMO RESIDENCE HOME

FACILITY NUMBER: 079200940

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/04/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87303(e)(2)</b>	
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**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:

	<b>Deficient Practice Statement</b>
1	Based on observation, the licensee did not comply with the section cited above in hot water being over 120 degrees F in 1 out of 2 bathrooms which poses a potential safety risk to persons in care.
2	
3	
4	
	<b>POC Due Date:</b> 03/01/2026
	<b>Plan of Correction</b>
1	By POC facility will adjust water and notify CCLD
2	
3	
4	

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87303(e)(5)</b>	
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**Maintenance and Operation**


(5) Slip-resistant mats, strips, or flooring shall be used in all bathtub and shower floors.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on observation, the licensee did not comply with the section cited above in not having any slip resistant mats in the showers which poses a potential safetyrisk to persons in care.
2	
3	
4	
	<b>POC Due Date:</b> 03/01/2026
	<b>Plan of Correction</b>

1 By POC facility will obtain and install mats and notify CCLD  
 2  
 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:** Yvonne Flores-Larios  
**NAME OF LICENSING PROGRAM ANALYST:** Alona Gomez  
**LICENSING PROGRAM ANALYST SIGNATURE:**  
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<b>FACILITY EVALUATION REPORT (Cont)</b>	<b>COMMUNITY CARE LICENSING DIVISION</b>
	, 1515 CLAY STREET, STE. 310
	OAKLAND, CA 94612

**FACILITY NAME:** NEW ALAMO RESIDENCE HOME **FACILITY NUMBER:** 079200940  
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**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87307(e)(1)</b>	
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**Personal Accommodations and Services**

(e) The licensee shall supervise residents as needed and as determined by the resident's appraisal pursuant to Section 87457, Pre-Admission Appraisal or Section 87463, Reappraisals, when residents are in proximity to or when there is use of the following items: (1) Ranges, ovens, heaters, fireplaces, wood stoves, inserts, and other heating devices.  
  
 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 in having a lit candle in  
 2 R6's room unsupervised which poses a potential safety risk to persons in care.  
 3  
 4

**POC Due Date:** 02/04/2026

**Plan of Correction**

1 Candles removed POC clear  
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 3  
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	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87308(c)</b>	
--	---------------	----------------------	------------	-----------------	--


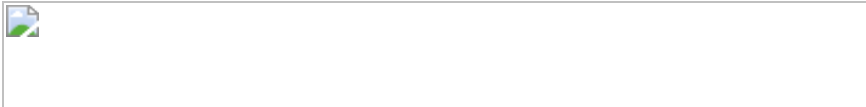
**Resident and Support Services**

(c) General storage space shall be maintained for equipment and supplies as necessary to ensure that space used to meet other requirements of these regulations is not also used for storage.

This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in not having the storage area maintained and PPE/Supplies covered in rat droppings which poses a potential health and personal rights risk to persons in care.
<b>POC Due Date:</b> 03/01/2026	
<b>Plan of Correction</b>	
1 2 3 4	By POC facility will reorganize and have pest control come and notify CCLD

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

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Yvonne Flores-Larios
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Alona Gomez
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	 <b>DATE:</b> 02/04/2026
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	 <b>DATE:</b> 02/04/2026

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<b>FACILITY EVALUATION REPORT (Cont)</b>	

**FACILITY NAME:** NEW ALAMO RESIDENCE HOME

**FACILITY NUMBER:** 079200940

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 02/04/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type B</b>	<b>Section Cited</b>	<b>HSC</b>	<b>1569.625(b)(2)</b>	
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**Other Provisions**

(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.

This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in 2 out of 3 staff not having met training requirements which poses a potential personal rights risk to persons in care.
<b>POC Due Date:</b> 03/01/2026	

<b>Plan of Correction</b>	
1 2 3 4	By POC facility agrees to have staff trained by a CCLD approved vendor and notify CCLD

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87219(a)</b>	
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**Planned Activities**

(a) Residents shall be encouraged to maintain and develop their quality of life through participation in a variety of planned activities. The activities made available shall include:  
 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 in not conducting  
 2 activities or having an activities schedule being followed which poses a potential personal rights risk to  
 3 persons in care.  
 4

**POC Due Date:** 03/01/2026

**Plan of Correction**

1 By POC facility will develop and implement an daily activities schedule and document activies and notify  
 2 CCLD  
 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** Yvonne Flores-Larios  
**MANAGER:**  
**NAME OF LICENSING PROGRAM** Alona Gomez  
**ANALYST:**  
**LICENSING PROGRAM ANALYST SIGNATURE:**  
 **DATE:** 02/04/2026

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**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87555(a)</b>	
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**General Food Service Requirements**

(a) The total daily diet shall be of the quality and in the quantity necessary to meet the needs of the residents an shall meet the Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council. All food shall be selected, stored, prepared and served in a safe and healthful manner.

This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1	Based on observation, the licensee did not comply with the section cited above in not having food stocked/ served to meet the nutrition requirements which poses a potential health and personal rights risk to persons in care.
2	
3	
4	
<b>POC Due Date:</b> 03/01/2026	
<b>Plan of Correction</b>	
1	By POC facility agrees to review the Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council and purchase food accordingly and notify CCLD. Facility also agrees to develop a poster on nutritional expectations for meals and have available in kitchen for staff and notify CCLD.
2	
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4	

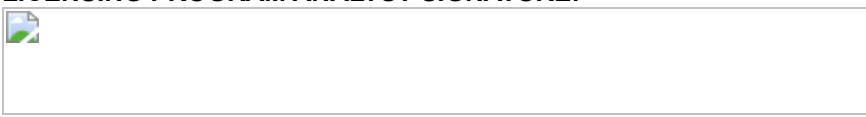
	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87555(b)(26)</b>	
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**General Food Service Requirements**

(26) Supplies of nonperishable foods for a minimum of one week and perishable foods for a minimum of two days shall be maintained on the premises.  
This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1	Based on observation, the licensee did not comply with the section cited above in not having a one week supply of non-erishable foods which poses a potential health and personal rights risk to persons in care.
2	
3	
4	
<b>POC Due Date:</b> 03/01/2026	
<b>Plan of Correction</b>	
1	By POC facility agrees to purchase an additional emergency supply food bucket and notify CCLD
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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.

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Yvonne Flores-Larios
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Alona Gomez
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 02/04/2026

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
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<b>FACILITY EVALUATION REPORT (Cont)</b>	

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87463(a)</b>	
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**Reappraisals**

(a) The pre-admission appraisal, as specified in Section 87457, Pre-Admission Appraisal, shall be updated, in writing as frequently as necessary or once every 12 months, whichever occurs first, to note significant changes in condition, as defined in Section 87101, Definitions, and to keep the appraisal accurate. For the purposes of this section, the updated pre-admission appraisal shall be referred to as the reappraisal.

This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in 3 out of 6 residents not having up to date appraisals which poses a potential personal rights risk to persons in care.
<b>POC Due Date:</b> 03/01/2026	
<b>Plan of Correction</b>	
1 2 3 4	By POC facility agrees to have appraisals updated and notify CCLD

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87608(a)(5)(B)</b>	
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**Postural Supports**

(B) Bed rails that extend the entire length of the bed are prohibited except for residents who are currently receiving hospice care and have a hospice care plan that specifies the need for full bed rails.

This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1 2 3 4	Based on observation and record review, the licensee did not comply with the section cited above in R6 having full bed rails without the required conditions being met which poses a potential personal rights risk to persons in care.
<b>POC Due Date:</b> 03/01/2026	
<b>Plan of Correction</b>	
1 2 3 4	By POC facility agrees to take the necessary steps to see if they can get an exception for R6's bed rails and notify CCLD.

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

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Yvonne Flores-Larios
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Alona Gomez
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 02/04/2026
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 02/04/2026

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:** NEW ALAMO RESIDENCE HOME

**FACILITY NUMBER:** 079200940

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 02/04/2026

## DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type A	Section Cited	CCR	87203
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All facilities shall be maintained in conformity with the regulations adopted by the State Fire Marshal for the protection of life and property against fire and panic.

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 in living room fire exit  
 2 blocked with a stick preventing it from opening on the inside which poses an immediate safety risk to  
 3 persons in care.  
 4

**POC Due Date:** 02/04/2026

**Plan of Correction**

1 Stik removed POC clear  
 2  
 3  
 4

Section Cited
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**Deficient Practice Statement**

1  
 2  
 3  
 4

**POC Due Date:**

**Plan of Correction**

1  
 2  
 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:** Yvonne Flores-Larios

**NAME OF LICENSING PROGRAM ANALYST:** Alona Gomez

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/04/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/04/2026