

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200978
Report Date: 01/06/2026
Date Signed: 01/06/2026 02:35:05 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:	GOLDEN NEST ASSISTED LIVING	FACILITY NUMBER:	079200978
ADMINISTRATOR/DIRECTOR:	PRAMOD, KAVITHA	FACILITY TYPE:	740
ADDRESS:	2296 INDIAN SPRINGS DR	TELEPHONE:	(510) 331-5774
CITY:	BRENTWOOD	STATE:	CA
CAPACITY:	6	ZIP CODE:	94513
TYPE OF VISIT:	Required - 1 Year	CENSUS:	4
		DATE:	01/06/2026
		UNANNOUNCED TIME VISIT/INSPECTION	11:25 AM
		BEGAN:	
MET WITH:	Frances Bacus, Caregiver	TIME VISIT/INSPECTION	02:45 PM
		COMPLETED:	

NARRATIVE	
1	On 01/06/2026 at 11:25am, Licensing Program Analyst (LPA) L. Hall conducted an unannounced required annual inspection. LPA met with Frances Bacus, Caregiver. Licensee, Pramod Balanandan, arrived at 12:10pm, and explained the purpose of the visit. The Administrator currently holds a certificate (#7016877740) that expires on 7/20/2026. The facility's fire clearance was approved for four (4) non-ambulatory and 2 bedridden resident.
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9	LPAs toured the facility with Administrator including but not limited to bedrooms, bathrooms, kitchen, common area and back yard. The facility consists of six (6) bedrooms and three (3) bathrooms. All outdoor and indoor passageways are kept free of obstruction. No bodies of water observed. A comfortable temperature is maintained at 72 degrees F. LPAs 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 137.3 degrees F. Residents' bathrooms are equipped with grab bars and non-skid mats.
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17	Smoke detectors/ carbon monoxide were in operating condition during visit. Fire extinguisher was last serviced on 0813/2025. First aid kit was observed to be complete. Fire drill was last conducted on 08/15/2025.
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25	Continued on LIC809.

NAME OF LICENSING PROGRAM MANAGER:	Harpreet Humpal
NAME OF LICENSING PROGRAM ANALYST:	Laura Hall

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/06/2026

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.

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: GOLDEN NEST ASSISTED LIVING

FACILITY NUMBER: 079200978
VISIT DATE: 01/06/2026

NARRATIVE	
1	Continued from LIC809.
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3	LPA reviewed five (5) staff records and all were current and complete. All six (6)
4	resident records were reviewed and complete. LPA also reviewed residents
5	medications.
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8	LPA requested the following documents to be submitted to CCLD by 01/13/2026.
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10	• LIC 308 Designation of Administrative Responsibility
11	• LIC 610E Emergency Disaster Plan (9 pages)
12	• Liability Insurance
13	• LIC500 (Personnel Report)
14	
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17	LPA observed the following deficiencies:
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19	• At 11:30am, LPA observed the hot water in the shared residents' bathroom
20	measured at 137.3 degrees F.
21	• At 1:30pm, LPA observed R2, R3, and R4 was being given the wrong dosage
22	of medication.
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28	Deficiencies are cited per Title 22 California Code of Regulations and listed on
29	LIC809D. Failure to submit proof of corrections (POC) by plan of correction due date
30	and/or any repeat deficiencies within a 12-month period may result in civil penalties.
31	
32	Exit interview conducted. A copy of the appeal rights and this report provided.

NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal	
NAME OF LICENSING PROGRAM ANALYST: Laura Hall	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/06/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/06/2026

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FACILITY NAME: GOLDEN NEST ASSISTED LIVING **FACILITY NUMBER:** 079200978
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 01/06/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87303(e)(2)	
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(e) Water supplies and plumbing fixtures shall be maintained as follows:

(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 degree C) and not more than 120 degree F (49 degree C).

This requirement is not met as evidenced by:

	Deficient Practice Statement
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1 Based on observation, the licensee did not comply with the section cited above in having the hot water
2 in the shared residents' bathroom between 105 - 120 which poses an immediate health, safety or
3 personal rights risk to persons in care.
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	POC Due Date: 01/07/2026
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	Plan of Correction
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1 Licensee agreed to adjust hot water temperature and send photo with water running to CCLD by POC
2 date.
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		Section Cited			
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	Deficient Practice Statement
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	POC Due Date:
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	Plan of Correction
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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	Harpreet Humpal
MANAGER:	
NAME OF LICENSING PROGRAM	Laura Hall
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/06/2026

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FACILITY REPRESENTATIVE SIGNATURE:	
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Created By: Laura Hall On 01/06/2026 at 02:21 PM

Link to Parent Document Below:

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:** GOLDEN NEST ASSISTED LIVING**FACILITY NUMBER:** 079200978**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 01/06/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87465(d)	
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(d) If the resident is unable to determine his/her own need for a prescription or nonprescription PRN medication, and is unable to communicate his/her symptoms clearly, facility staff designated by the licensee, shall be permitted to assist the resident with self-administration provided all of the following requirements are met:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation and record review, the licensee did not comply with the section cited above in administering the correct dosage of medications to R2, R3, and R4 which poses a potential health, safety or personal rights risk to persons in care.
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POC Due Date: 01/13/2026

Plan of Correction

1	Licensee agreed to have an in-service training with all staff regarding administering medication and submit documentation to CCLD by POC date.
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		Section Cited			
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	Deficient Practice Statement
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POC Due Date:

Plan of Correction

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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	Harpreet Humpal
MANAGER:	
NAME OF LICENSING PROGRAM	Laura Hall
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/06/2026