

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079201028
Report Date: 08/03/2026
Date Signed: 08/03/2026 03:07:18 PM

Document Has Been Signed on 08/03/2026 03:07 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:	PERRY'S HOME CARE	FACILITY NUMBER:	079201028
ADMINISTRATOR/PERRY, PALMER JASON DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	2404 SILVERADO DRIVE	TELEPHONE:	(925) 206-4561
CITY:	ANTIOCH	STATE: CA	ZIP CODE: 94509
CAPACITY: 6		CENSUS: 5	DATE: 08/03/2026
TYPE OF VISIT: POC		UNANNOUNCED TIME VISIT/INSPECTION	01:00 PM
MET WITH:	Jaon Perry, Admnistrator Marcy Perry, Staff	BEGAN: TIME VISIT/INSPECTION	03:20 PM
		COMPLETED:	

NARRATIVE	
1	On 08/03/26 at 2PM, Licensing Program Analyst (LPA) D Panlilio conducted a case management visit regarding use of audio and camera devices inside residents (R1, R2) bedrooms.
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5	At 2:30PM, LPA toured the facility with staff (S1) and observed active cameras and audio devices operating inside R1 and R2's bedrooms.
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9	Immediate civil penalty of \$250 assessed during visit for repeat violation of Personal Rights Section 87468.1 (a)(1).
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13	Deficiency is cited per Title 22 California Code of Regulations and listed on LIC9099D. Failure to submit proof of correction (POC) by plan of correction due date and/or any repeat deficiencies within a 12-month period may result in additional civil penalties.
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17	Exit interview conducted. Appeal Rights and a copy of this report provided.
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25	

Bennett Fong Daisy Panlilio

DATE: 08/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/03/2026

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 3
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.

Created By: Daisy Panlilio On 08/03/2026 at 11:23 AM
Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: PERRY'S HOME CARE

FACILITY NUMBER: 079201028

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/03/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 08/28/2026 Section Cited CCR 87468.1(a)(1)	1 2 3 4 5 6 7	To be accorded dignity in their personal relationships with staff, residents, and other persons.	1 2 3 4 5 6 7	Immediate civil penalty of \$250 assessed during visit for repeat violation of Personal Rights Section 87468.1 (a)(1).
	8 9 10 11 12 13 14	This requirement was not met as evidenced by licensee operating inside cameras with audio capability in R1 and R2 bedrooms which posed an immediate health and safety risk to residents in care.	8 9 10 11 12 13 14	By POC due date, ADM agrees to complete and submit to CCLD proof of correction that all camera and audio devices in all private areas removed.
	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 MANAGER:	Bennett Fong
NAME OF LICENSING PROGRAM ANALYST:	Daisy Panlilio
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 08/03/2026

I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 08/03/2026