

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079201077
Report Date: 06/16/2026
Date Signed: 06/16/2026 03:43:51 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: TREE HOME FOR SENIORS LLC, THE		FACILITY NUMBER:	079201077
ADMINISTRATOR/SHARMA, VIKRAM VIR		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	1069 SANTA LUCIA DR	TELEPHONE:	(925) 643-5120
CITY:	PITTSBURG	STATE: CA	ZIP CODE: 94565
CAPACITY: 6		CENSUS: 6	DATE: 06/16/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	02:00 PM
		BEGAN:	
MET WITH:	Vikram Sharma, Administrator	TIME VISIT/	
		INSPECTION	04:00 PM
		COMPLETED:	
NARRATIVE			
1	On 06/16/2026 at 2:00 PM, Licensing Program Analyst (LPA) L. Hall conducted an		
2	unannounced required annual inspection. LPA met with Administrator Vikram		
3	Sharma and explained the purpose of the visit. The Administrator currently holds a		
4	certificate (#7023266740) that expires on 9/14/2026. The facility's fire clearance was		
5	approved for five (5) non-ambulatory and 1 bedridden resident.		
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8	LPA toured the facility with Administrator including but not limited to bedrooms,		
9	bathrooms, kitchen, common area and back yard. The facility consists of five (5) total		
10	bedrooms and two (2) bathrooms. All outdoor and indoor passageways are kept free		
11	of obstruction. No bodies of water observed. A comfortable temperature is		
12	maintained at 74 degrees F. LPA observed lighting in all rooms are adequate for the		
13	comfort and safety of the residents. The hot water temperature in the residents'		
14	shared bathroom was measured at 90.1 degrees F. (facility had finished laundry).		
15	Residents' bathrooms are equipped with grab bars and non-skid mats. There is a		
16	minimum of 7-day supply of non-perishable and 2-day of perishable foods.		
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20	Smoke detectors/ carbon monoxide were in operating condition during visit. Fire		
21	extinguisher was last serviced on 11/07/2025. Emergency Disaster Plan was last		
22	reviewed on 05/15/2026. First aid kit was observed to be complete. Fire drill was last		
23	conducted on 04/08/2026.		
24			
25	Continued on LIC809.		
NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/16/2026

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

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
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	CCLD Regional Office, 1515 CLAY STREET, STE. 310
	OAKLAND, CA 94612

FACILITY NAME: TREE HOME FOR SENIORS LLC, THE **FACILITY NUMBER:** 079201077
VISIT DATE: 06/16/2026

NARRATIVE	
1	Continued from LIC809.
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3	Three (3) staff records and all six (6) resident records were reviewed, current, and
4	complete.
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6	LPA requested the following documents to be submitted to CCLD by 06/23/2026 .
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9	• LIC 308 Designation of Administrative Responsibility
10	• LIC 610E Emergency Disaster Plan (last page)
11	• Liability Insurance
12	• A copy of the administrator certificate.
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16	No deficiencies cited during visit.
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18	Exit interview conducted and a copy of this report provided.
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NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal	
NAME OF LICENSING PROGRAM ANALYST: Laura Hall	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/16/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/16/2026