

Department of  
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079201166  
Report Date: 05/20/2026  
Date Signed: 05/20/2026 05:50:51 PM

Document Has Been Signed on 05/20/2026 05:50 PM - It Cannot Be Edited

|                                                        |                                                                                                                                                        |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 1515 CLAY STREET, STE. 310<br>OAKLAND, CA 94612 |
| FACILITY EVALUATION REPORT                             |                                                                                                                                                        |

|                                  |                                 |                                   |                  |
|----------------------------------|---------------------------------|-----------------------------------|------------------|
| FACILITY NAME:                   | FLOWERING PLUMS ASSISTED LIVING | FACILITY NUMBER:                  | 079201166        |
| ADMINISTRATOR/BALANANDAN, PRAMOD |                                 | FACILITY TYPE:                    | 740              |
| DIRECTOR:                        |                                 |                                   |                  |
| ADDRESS:                         | 591 FLOWERING PLUM PL           | TELEPHONE:                        | (510) 331-5774   |
| CITY:                            | BRENTWOOD                       | STATE: CA                         | ZIP CODE: 94513  |
| CAPACITY: 6                      |                                 | CENSUS: 6                         | DATE: 05/20/2026 |
| TYPE OF VISIT:                   | Required - 1 Year               | UNANNOUNCED TIME VISIT/INSPECTION | 03:16 PM         |
|                                  |                                 | BEGAN:                            |                  |
| MET WITH:                        | MARISSA HICKS, CAREGIVER        | TIME VISIT/INSPECTION             | 06:30 PM         |
|                                  |                                 | COMPLETED:                        |                  |

| NARRATIVE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1         | On 05/20/2026 at 3:16PM, Licensing Program Analyst (LPA)Carol Fowler conducted an unannounced annual 1-Year required inspection. LPA met with Marissa Hicks, Caregiver, and explained the purpose of the visit. LPA spoke with Administrator, Pramod Balanandan, via phone call, he gave permission for staff to sign documents. The administrator currently holds a certificate (#7017765740) that expires on 01/16/2027. Administrator arrived at 4:10PM The facility's fire clearance was approved for (1) ambulatory and five (5) non-ambulatory residents. |
| 2         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 4         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| 16        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 17        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 18        | Continued on LIC809C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 19        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 20        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| 25        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|                                                 |
|-------------------------------------------------|
| NAME OF LICENSING PROGRAM MANAGER: Bennett Fong |
| NAME OF LICENSING PROGRAM ANALYST: Carol Fowler |

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 05/20/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 05/20/2026

**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.

|                                                        |                                                                                                                                                        |
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| FACILITY EVALUATION REPORT (Cont)                      |                                                                                                                                                        |

**FACILITY NAME:** FLOWERING PLUMS ASSISTED LIVING      **FACILITY NUMBER:** 079201166  
**VISIT DATE:** 05/20/2026

| NARRATIVE                                                                     |                                                                                                           |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 1                                                                             | Continued from LIC809.                                                                                    |
| 2                                                                             |                                                                                                           |
| 3                                                                             | Smoke detectors/carbon monoxide were in operating condition during visit. Fire extinguisher was last      |
| 4                                                                             | services on 08/15/2025. Emergency Disaster Plan was last posted on 05/20/2026. Fire drill last            |
| 5                                                                             | conducted 02/02/2026. First aid kit was observed to be complete.                                          |
| 6                                                                             |                                                                                                           |
| 7                                                                             | Three (3) staff records were reviewed, and all three (3) staff have first aid certification. LPA reviewed |
| 8                                                                             | three (3) residents' records, and they were current, and complete. A sample of medication and             |
| 9                                                                             | medication log reviewed during visit.                                                                     |
| 10                                                                            |                                                                                                           |
| 11                                                                            | The following forms to be updated and submitted to CCLD by <b>05/28/2026</b> .                            |
| 12                                                                            |                                                                                                           |
| 13                                                                            | • LIC 308 Designation of Administrative Responsibility                                                    |
| 14                                                                            |                                                                                                           |
| 15                                                                            |                                                                                                           |
| 16                                                                            |                                                                                                           |
| 17                                                                            | • LIC 309 Administrative Organization                                                                     |
| 18                                                                            | • LIC 500 Personnel Report                                                                                |
| 19                                                                            | • LIC 610E Emergency Disaster Plan (9 pages)                                                              |
| 20                                                                            | • Liability Insurance                                                                                     |
| 21                                                                            |                                                                                                           |
| 22                                                                            | ALLEGATIONS OBSERVED BY LPA:                                                                              |
| 23                                                                            |                                                                                                           |
| 24                                                                            | • At 3:15pm LPA observed front door locked with a Allen wrench screwdriver.                               |
| 25                                                                            | • At 3:30pm LPA observed medication closet lock is broken                                                 |
| 26                                                                            | • At 3:35pm LPA observed unlocked laundry room door with chemicals such as Lysol, Bleach and              |
| 27                                                                            | Easy Off oven spray                                                                                       |
| 28                                                                            | • At 3: 36pm LPA observed an unlocked cabinet in the kitchen which contains Comet, bleach                 |
| 29                                                                            | wipes, cascade dishwashing soap.                                                                          |
| 30                                                                            |                                                                                                           |
| 31                                                                            |                                                                                                           |
| 32                                                                            |                                                                                                           |
| Exit interview conducted. A copy of this report provided to Pramod Balanandan |                                                                                                           |

|                                                                                                         |                         |
|---------------------------------------------------------------------------------------------------------|-------------------------|
| <b>NAME OF LICENSING PROGRAM MANAGER:</b> Bennett Fong                                                  |                         |
| <b>NAME OF LICENSING PROGRAM ANALYST:</b> Carol Fowler                                                  |                         |
| <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>                                                             | <b>DATE:</b> 05/20/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                               | <b>DATE:</b> 05/20/2026 |

|                                                        |                                                                                                                                    |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
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| FACILITY EVALUATION REPORT (Cont)                      |                                                                                                                                    |

FACILITY NAME: FLOWERING PLUMS ASSISTED LIVING

FACILITY NUMBER: 079201166

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/20/2026

| DEFICIENCIES & PLANS OF CORRECTION (POCs)                                                                                                                                                                                                                                                                                                                  |                                                                                                        |               |     |             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------|-----|-------------|--|
|                                                                                                                                                                                                                                                                                                                                                            | Type A                                                                                                 | Section Cited | CCR | 87465(h)(2) |  |
| <p>(h) The following requirements shall apply to medications which are centrally stored:</p> <p>(2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.</p> <p>This requirement is not met as evidenced by:</p> |                                                                                                        |               |     |             |  |
| Deficient Practice Statement                                                                                                                                                                                                                                                                                                                               |                                                                                                        |               |     |             |  |
| 1                                                                                                                                                                                                                                                                                                                                                          | Based on observation and interview, the licensee did not comply with the section cited above by having |               |     |             |  |
| 2                                                                                                                                                                                                                                                                                                                                                          | the medication closet knob broken which poses an immediate health and safety risk to persons in care.  |               |     |             |  |
| 3                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |               |     |             |  |
| 4                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |               |     |             |  |
| POC Due Date: 05/21/2026                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |               |     |             |  |
| Plan of Correction                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |               |     |             |  |
| 1                                                                                                                                                                                                                                                                                                                                                          | Licensee agreed to replace door knob and submit photos to the Department by the POC date.              |               |     |             |  |
| 2                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |               |     |             |  |
| 3                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |               |     |             |  |
| 4                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |               |     |             |  |

|                                                                                                                                                        | Type A                                                                                                  | Section Cited | CCR | 87468.1(a)(6) |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------|-----|---------------|--|
| <p>To leave or depart the facility at any time and to not be locked into any room, building...</p> <p>This requirement is not met as evidenced by:</p> |                                                                                                         |               |     |               |  |
| Deficient Practice Statement                                                                                                                           |                                                                                                         |               |     |               |  |
| 1                                                                                                                                                      | Based on observation and interview, licensee failed to ensure that residents are provided the right to  |               |     |               |  |
| 2                                                                                                                                                      | leave or depart the facility at any time and to not be locked into any room, building, which poses an   |               |     |               |  |
| 3                                                                                                                                                      | immediate risk to the health and safety of residents in care.                                           |               |     |               |  |
| 4                                                                                                                                                      |                                                                                                         |               |     |               |  |
| POC Due Date: 05/22/2026                                                                                                                               |                                                                                                         |               |     |               |  |
| Plan of Correction                                                                                                                                     |                                                                                                         |               |     |               |  |
| 1                                                                                                                                                      | During inspection today, staff removed Allen wrench screwdriver from front door.                        |               |     |               |  |
| 2                                                                                                                                                      | Licensee shall conduct staff training regarding personal rights.                                        |               |     |               |  |
| 3                                                                                                                                                      |                                                                                                         |               |     |               |  |
| 4                                                                                                                                                      | Licensee agreed to submit to licensing by POC date, a copy of staff training roster, signed by licensee |               |     |               |  |
| and all staff, verifying that staff understands the personal rights of residents in care.                                                              |                                                                                                         |               |     |               |  |

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                                                         | Bennett Fong     |
| MANAGER:                                                                          |                  |
| NAME OF LICENSING PROGRAM                                                         | Carol Fowler     |
| ANALYST:                                                                          |                  |
| LICENSING PROGRAM ANALYST SIGNATURE:                                              |                  |
|  | DATE: 05/20/2026 |

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

|                                                                               |                  |
|-------------------------------------------------------------------------------|------------------|
| FACILITY REPRESENTATIVE SIGNATURE:                                            |                  |
|  | DATE: 05/20/2026 |

Created By: Carol Fowler On 05/20/2026 at 05:30 PM  
Link to Parent Document Below:

|                                                        |                                                                                                                                    |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
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| FACILITY EVALUATION REPORT (Cont)                      |                                                                                                                                    |

FACILITY NAME: FLOWERING PLUMS ASSISTED LIVING

FACILITY NUMBER: 079201166

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/20/2026

| DEFICIENCIES & PLANS OF CORRECTION (POCs)                                                                                                                                         |                                                                                                                                                                                                                                 |               |     |       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----|-------|--|
|                                                                                                                                                                                   | Type A                                                                                                                                                                                                                          | Section Cited | CCR | 87309 |  |
| (a) Disinfectants, cleaning solutions, poisons, firearms and other items which could pose a danger if readily available to clients shall be stored where inaccessible to clients. |                                                                                                                                                                                                                                 |               |     |       |  |
| This requirement is not met as evidenced by:                                                                                                                                      |                                                                                                                                                                                                                                 |               |     |       |  |
|                                                                                                                                                                                   | Deficient Practice Statement                                                                                                                                                                                                    |               |     |       |  |
| 1                                                                                                                                                                                 | -Based on observation, the licensee did not comply with the section above for having cabinet in the kitchen unlocked, and door to the laundry room unlocked which poses an immediate health and safety risk to persons in care. |               |     |       |  |
| 2                                                                                                                                                                                 |                                                                                                                                                                                                                                 |               |     |       |  |
| 3                                                                                                                                                                                 |                                                                                                                                                                                                                                 |               |     |       |  |
| 4                                                                                                                                                                                 |                                                                                                                                                                                                                                 |               |     |       |  |
|                                                                                                                                                                                   | POC Due Date: 05/21/2026                                                                                                                                                                                                        |               |     |       |  |
|                                                                                                                                                                                   | Plan of Correction                                                                                                                                                                                                              |               |     |       |  |
| 1                                                                                                                                                                                 | Licensee agreed to be sure to have all locks to cleaning supplies and laundry room locked at all times. Staff locked laundry room door and kitchen cabinets. DEFICIENCY CLEARED DURNING VISIT.                                  |               |     |       |  |
| 2                                                                                                                                                                                 |                                                                                                                                                                                                                                 |               |     |       |  |
| 3                                                                                                                                                                                 |                                                                                                                                                                                                                                 |               |     |       |  |
| 4                                                                                                                                                                                 |                                                                                                                                                                                                                                 |               |     |       |  |

|   |                              |  |  |  |
|---|------------------------------|--|--|--|
|   | Section Cited                |  |  |  |
|   | 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                                                         | Bennett Fong     |
| MANAGER:                                                                          |                  |
| NAME OF LICENSING PROGRAM                                                         | Carol Fowler     |
| ANALYST:                                                                          |                  |
| LICENSING PROGRAM ANALYST SIGNATURE:                                              |                  |
|  | DATE: 05/20/2026 |

|                                                                                               |                  |
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| FACILITY REPRESENTATIVE SIGNATURE:                                                            |                  |
|                 | DATE: 05/20/2026 |