

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079201241
Report Date: 08/28/2026
Date Signed: 08/28/2026 04:14:52 PM

COMPREHENSIVE INSPECTION

Document Has Been Signed on 08/28/2026 04:14 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME:	KENSINGTON AT WALNUT CREEK, THE	FACILITY NUMBER:	079201241
ADMINISTRATOR/DIRECTOR:	JOYCE AQUINO	FACILITY TYPE:	740
ADDRESS:	1580 GEARY ROAD	TELEPHONE:	(925) 973-1121
CITY:	WALNUT CREEK	STATE:	CA
CAPACITY:	200	ZIP CODE:	94597
TYPE OF VISIT:	Annual/Random	CENSUS:	168
		DATE:	08/28/2026
		UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 09:00 AM
MET WITH:	Joyce Aquino, Executive Director	TIME VISIT/INSPECTION	COMPLETED: 04:45 PM

NARRATIVE	
1	On 08/28/2026 at 9:00 AM, Licensing Program Analysts (LPAs) L. Alexander and D. Doidge arrived unannounced to conduct 1-Year Annual Required inspection. LPAs met with Executive Director, Joyce Aquino and explained the purpose of the visit. The facility's fire clearance was approved for capacity 200 non-ambulatory residents. Hospice waiver approved for twenty (20) residents.
2	
3	
4	
5	
6	
7	
8	LPAs toured the facility with Joyce and Raymundo Rosales (Maintenance Director) including but not limited to six (6) residents' apartments, bathrooms, multiple activity rooms, kitchen, common area and courtyard. LPA observe lighting in all rooms are adequate for the comfort and safety of the residents. Hallway temperatures was maintained at 74, 75 and 76 degrees F. LPAs observed lighting in all rooms are adequate for the comfort and safety of the residents. The hot water temperature in a sample of residents' shared bathroom were measured at 114.1, 117.5, 107 degrees Fahrenheit. Residents' bathrooms are equipped with grab bars and non-skid mats. There is a minimum of one week supply of nonperishable and 2-day of perishable foods. Centrally stored medications, sharps and toxic are locked and inaccessible to residents in care.
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	LIC809-C Continued...
24	
25	



DATE: 08/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/28/2026

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 E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: KENSINGTON AT WALNUT CREEK, THE	FACILITY NUMBER: 079201241
	VISIT DATE: 08/28/2026

NARRATIVE	
1	LIC809-C (Page 2)
2	
3	LPA reviewed eight (8) residents records. LPA reviewed seven (7) staff records and
4	7 of 7 have current first aid training and associated to the facility. LPA reviewed a
5	sample of resident's medications.
6	
7	
8	Updated copies of the following documents were requested for facility file and
9	are to be submitted to CCL by 09/04/2026:
10	
11	
12	Updated LIC 308 Designation of Administrative Responsibility
13	LIC 309 Administrative Organization - Reviewed
14	Updated LIC 500 Personnel Report
15	LIC 610E Emergency Disaster Plan - Reviewed
16	Copy Liability Insurance
17	
18	
19	No deficiencies cited during visit. Exit interview conducted and a copy of this report
20	provided.
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong	
NAME OF LICENSING PROGRAM ANALYST: Lori Alexander-Washington	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/28/2026
------------------------------------	------------------