

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079201318

Report Date: 01/21/2026

Date Signed: 01/21/2026 07:03:28 PM

Document Has Been Signed on 01/21/2026 07:03 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:	GRANDPARENTS GARDEN	FACILITY NUMBER:	079201318
ADMINISTRATOR/SIDHU, RAMANDEEP		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(925) 684-4975
ADDRESS:	960 GRIFFITH LANE	ZIP CODE:	94513
CITY:	BRENTWOOD	STATE:	CA
CAPACITY:	6	CENSUS:	5
TYPE OF VISIT:	Required - 1 Year	DATE:	01/21/2026
		UNANNOUNCED TIME VISIT/INSPECTION	02:45 PM
		BEGAN:	
MET WITH:	Marly Muertegui, Caregiver	TIME VISIT/INSPECTION	07:18 PM
		COMPLETED:	

NARRATIVE

1 On 1/21/2026 at 2:45PM, Licensing Program Analyst (LPA) G. Luk arrived unannounced to conduct a
2 Required - 1 Year inspection. LPA met with caregiver, Marly Muertegui and explained the purpose of the
3 visit. Administrator, Ramandeep Sidhu was unable to be at the facility and authorized caregiver to sign
4 licensing reports.
5
6 LPA toured the facility including but not limited to bedrooms, bathrooms, dining area, kitchen, garage,
7 and outdoor area. Smoke and carbon monoxide detectors were observed. Fire extinguisher was
8 observed to be full. One week of nonperishable and 2-day of perishable food supplies were available.
9 Hot water temperature was measured at 115.8 degrees F in the hallway bathroom. LPA observed grab
10 bars and non-skid mat in the bathrooms. There were adequate lights in each room. Resident rooms
11 were observed to be cleaned. Indoor and outdoor passageways were free of obstruction. First Aid kit is
12 complete. Last fire drill was conducted on 1/1/2026.
13
14 LPA reviewed 5 residents and 3 staff files starting at 3:15PM. Staff are fingerprint cleared and
15 associated to the facility. LPA reviewed a sample of resident's medications.
16
17 At 4:00PM, LPA observed R1 and R3 does not have current appraisal needs and service plans on file.
18 At 4:30PM, LPA observed S2 does not have current first aid training.
19
20
21 **The deficiencies were observed (see LIC 809D) and cited from the California Code of**
22 **Regulations, Title 22. Failure to correct deficiencies may result in civil penalties.** Exit interview
23 conducted. A copy of this report and appeal rights was provided.
24
25

NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal

NAME OF LICENSING PROGRAM ANALYST: Grace Luk

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/21/2026

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.

Document Has Been Signed on 01/21/2026 07:03 PM - It Cannot Be Edited

Created By: Grace Luk On 01/21/2026 at 06:27 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: GRANDPARENTS GARDEN

FACILITY NUMBER: 079201318

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/21/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87467(a)(3)	
--	---------------	----------------------	------------	--------------------	--

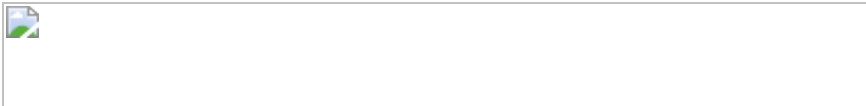
Resident Participation in Decisionmaking

(a) Prior to, or within two weeks of the resident's admission, the licensee shall arrange a meeting with the resident, the resident's representative, if any, appropriate facility staff, and a representative of the resident's home health agency, if any, and any other appropriate parties, to prepare a written record of the care the resident will receive in the facility, and the resident's preferences regarding the services provided at the facility. (3) The licensee shall arrange a meeting with the resident and appropriate individuals identified in Section 87467(a)(1) to review and revise the written record as specified, when there is a significant change in the resident's condition, or once every 12 months, whichever occurs first. Significant changes shall include, but not be limited to occurrences specified in Section 87463, Reappraisals.

This requirement is not met as evidenced by:

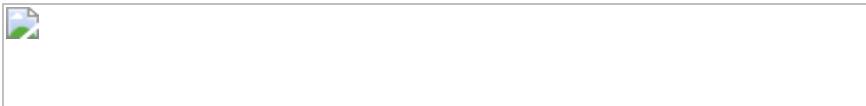
Deficient Practice Statement	
1	Based on record review, the licensee did not comply with the section cited above by not having current appraisal needs and service plans for two residents which poses a potential health and safety risk to persons in care.
2	
3	
4	
POC Due Date: 02/13/2026	
Plan of Correction	
1	Administrator has agreed to obtain current appraisal needs and service plans for R1 and R3. Administrator will submit documents to CCLD by POC date.
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 MANAGER:	Harpreet Humpal
NAME OF LICENSING PROGRAM ANALYST:	Grace Luk
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/21/2026

LIC809 (FAS) - (06/04)

Page: 3 of 9

Document Has Been Signed on 01/21/2026 07:03 PM - It Cannot Be Edited

Created By: Grace Luk On 01/21/2026 at 06:31 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: GRANDPARENTS GARDEN

FACILITY NUMBER: 079201318

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/21/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87411(c)(1)	
<p>(c) All RCFE staff who assist residents with personal activities of daily living shall receive initial and annual training as specified in Health and Safety Code sections 1569.625 and 1569.69 (1) Staff providing care shall receive appropriate training in first aid from persons qualified by such agencies as the American Red Cross. This requirement is not met as evidenced by:</p>					
Deficient Practice Statement					
1	Based on record review, the licensee did not comply with the section cited above by not having current				
2	first aid training for S2 which poses a potential health and safety risk to persons in care.				
3					
4					
POC Due Date: 02/13/2026					
Plan of Correction					
1	Administrator has agreed to obtain current first aid training for S2 and submit a copy to CCLD by POC				
2	date.				
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 MANAGER:	Harpreet Humpal
NAME OF LICENSING PROGRAM ANALYST:	Grace Luk

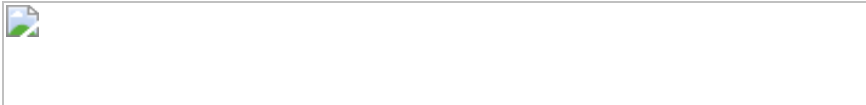
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/21/2026