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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079201520
Report Date: 07/17/2026
Date Signed: 07/17/2026 02:27:39 PM

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

FACILITY NAME:	MARTINEZ GUEST HOME LLC		FACILITY NUMBER:	079201520
ADMINISTRATOR/ DIRECTOR:	LAGO, ALEXIS		FACILITY TYPE:	740
ADDRESS:	1518 CENTER AVE.		TELEPHONE:	(925) 278-0086
CITY:	MARTINEZ	STATE: CA	ZIP CODE:	94553
CAPACITY: 6		CENSUS: 4	DATE:	07/17/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:45 AM
MET WITH:	Alexis Lago, Licensee/Administrator		TIME VISIT/ INSPECTION COMPLETED:	02:45 PM

NARRATIVE

On 07/17/2026 at 9:45 AM, Licensing Program Analyst (LPA) L. Alexander arrived unannounced to conduct 1-Year Annual Required inspection. LPA met with Caregiver, Ronald Gulapa, and explained the purpose of the visit. Mr. Gulapa phoned the Administrator, Alexis "Alex" Lago, to inform. Mr. Lago arrived 15 mins later. The facility's fire clearance was approved for capacity of six (6) non ambulatory. Administrator certificate # 6071006740 expired 07/13/2026.

LPA toured facility with Alex including but not limited to bedrooms, bathrooms, kitchen, common area and backyard. The facility consists of four (4) total bedrooms which are occupied by the residents. All outdoor and indoor passageways are kept free of obstruction. There are no bodies of water observed. A comfortable temperature is maintained at 72 degrees Fahrenheit. LPA observed lighting in all rooms are adequate for the comfort and safety of the residents. The hot water temperature in the residents' shared bathroom was measured at 117.5 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 medication and sharps were locked and inaccessible to residents.

Smoke detectors and carbon monoxide detector were in operating condition during visit. Fire extinguisher was last serviced on 05/28/2025. Emergency Disaster Plan was last posted on 07/17/2026. First aid kit was observed to be complete. .

Bennett Fong

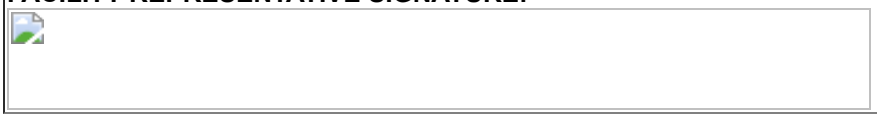
Lori Alexander-Washington



DATE: 07/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/17/2026

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 **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION E BAY DELTA AC/SC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612

FACILITY NAME: MARTINEZ GUEST HOME LLC **FACILITY NUMBER:** 079201520
VISIT DATE: 07/17/2026

NARRATIVE

LPA reviewed four (4) residents records. LPA reviewed four (4) staff records and all 4 have current first aid training and associated to the facility. LPA reviewed a sample of resident's medications.

THE FOLLOWING DEFICIENCIES WERE OBSERVED DURING VISIT:

At 11:37 am window screens, blinds, wood, mirror, rusted paint can, tools were laying on a shelf outside inn backyard

Updated copies of the following documents were requested for facility file and are to be submitted to CCL by 07/24/2026:

LIC 308 Designation of Administrative Responsibility
LIC 309 Administrative Organization - Reviewed
LIC 500 Personnel Report
LIC 610E Emergency Disaster Plan
Liability Insurance - Reviewed

Exit interview conducted. Appeal Rights and a copy of this report provided.

NAME OF LICENSING PROGRAM MANAGER: Bennett Fong
NAME OF LICENSING PROGRAM ANALYST: Lori Alexander-Washington
LICENSING PROGRAM ANALYST SIGNATURE: **DATE:** 07/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 07/17/2026

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Created By: Lori Alexander-Washington On 07/17/2026 at 01:09 PM
Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612

FACILITY NAME: MARTINEZ GUEST HOME LLC **FACILITY NUMBER:** 079201520

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/17/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87303(a)	

Maintenance and Operation

(a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in by not having the back yard clear of window screens, blinds, wood, mirror, rusted paint can etc.. which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 07/31/2026
	Plan of Correction
1 2 3 4	Administrator agreed to clean the back yard and submit a photo to CCLD by POC due date.

	Type B	Section Cited	CCR	87468(c)	

Personal Rights of Residents

(c) Licensees shall prominently post personal rights, nondiscrimination notice, and complaint information in areas accessible to residents, representatives, and the public.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in by not having personal rights and non-discrimination posted in prominent area of the facility to be seen which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 07/31/2026
	Plan of Correction
1 2 3 4	Administrator agreed to send a photo of personal rights and non-discrimination in RCFE facilities posted to CCLD by POC due date.

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: Lori Alexander-Washington

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/17/2026

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FACILITY REPRESENTATIVE SIGNATURE:



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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.625(b)(2)	

Other Provisions

(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in by not having 20hrs annual training, including but not limited to 8hrs dementia and 4hrs specific to postural support, restricted health conditions and hospice care completed by S1-S4 which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 07/31/2026
	Plan of Correction
1 2 3 4	Administrator agreed to send training certificates of complettion for S1-S4 to CCLD by POC due dat.

	Type B	Section Cited	CCR	87468(b)(1)(A)	

Personal Rights of Residents

(b) At the time the admission agreement is signed, a resident and the resident's representative shall be personally advised of and given a copy of: (1) The personal rights of residents specified in Sections 87468.1, Personal Rights of Residents in All Facilities and 87468.2, Additional Personal Rights of Residents in Privately Operated Facilities, as applicable to the facility. (A) The licensee shall have each resident and the resident's representative sign a copy of these rights, and the signed copy shall be included in the resident's record.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in by not having completed signed personal rights (LIC 613C) for R1, R3 and R4 which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 07/31/2026
	Plan of Correction
1 2 3 4	Administrator agreed to submit proof of signed personal rights for R1, R3 and R4 to CCLD by POC due date.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

Bennett Fong

NAME OF LICENSING PROGRAM MANAGER:
NAME OF LICENSING PROGRAM ANALYST: Lori Alexander-Washington
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/17/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87463(a)	

Reappraisals

(a) The pre-admission appraisal, as specified in Section 87457, Pre-Admission Appraisal, shall be updated, in writing as frequently as necessary or once every 12 months, whichever occurs first, to note significant changes in condition, as defined in Section 87101, Definitions, and to keep the appraisal accurate. For the purposes of this section, the updated pre-admission appraisal shall be referred to as the reappraisal.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in by not having an Appraisal Needs and Services (ANS/LIC 625) on file for R1-R4 which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 07/31/2026
	Plan of Correction
1 2 3 4	Administrator agreed to send copies of completed ANS to CCLD by POC due date.

	Type B	Section Cited	HSC	1569.695(c)	

Other Provisions

(c) A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2	Based on interview and record review, the licensee did not comply with the section cited above in by not conducting quarterly emergency drills with staff which poses a potential health, safety or personal rights

3 4	risk to persons in care.
	POC Due Date: 07/31/2026
	Plan of Correction
1 2 3 4	Administrator agreed to send In-Service emergency drills sign-in sheet with participants to CCLD by POC due date.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87608(a)(5)(A)	

Postural Supports

(A) A bed rail that extends from the head half the length of the bed and used only for assistance with mobility shall be allowed.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation and record review, the licensee did not comply with the section cited above in by not having a dr's order on file for 1/2 rail for postural support/mobility for R3 which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 07/31/2026
	Plan of Correction
1 2 3 4	Admiistrator agreed to send copy of Dr's order to CCLD by POC due date.

		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:	Bennett Fong
NAME OF LICENSING PROGRAM ANALYST:	Lori Alexander-Washington
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