

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 191200037
Report Date: 04/06/2026
Date Signed: 04/06/2026 03:12:32 PM

Document Has Been Signed on 04/06/2026 03:12 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION MONTEREY PARK ASC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754	
FACILITY EVALUATION REPORT			
FACILITY NAME: REGENCY PARK OAK KNOLL		FACILITY NUMBER:	191200037
ADMINISTRATOR/ANABELLE ARGENAL		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	255 SOUTH OAK KNOLL	TELEPHONE:	(626) 578-1551
CITY:	PASADENA	STATE: CA	ZIP CODE: 91101
CAPACITY:	206	CENSUS: 100	DATE: 04/06/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	08:30 AM
		BEGAN:	
MET WITH:	Jackie Hernandez, Business Services Director	TIME VISIT/	
	Annabelle Argenal, Administrator	INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Tao conducted an unannounced annual visit at the facility. LPA met with Business Services Director Jacqueline Hernandez and Administrator Annabelle Argenal. The purpose of the visit was explained to them. Annual fees are current.
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7	The facility is licensed to serve 206 elderly residents who are ambulatory and non-ambulatory, age 60 and above. Non-ambulatory rooms are rooms #101-#140 (excludes room # 110) and rooms #201-#267 (excludes room# 221, 222, 243). The facility is a two-story building located in a residential neighborhood. It consist of several resident bedrooms in both floors, a lobby seating area, offices, a dining room, a coffee bar, a studio dining room, a commercial kitchen, a medication room, a common shower, an activity room, a family room, a parlor, a courtyard in the first floor, a conference room, a TV room, a library, a laundry room, and patio in the second floor.
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18	Today's inspection consisted of applying CARE tool, conducting physical plant tour, reviewing staff/residents records, checking residents' food supply/medication, and interviewing staff/residents.
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22	Infection Control:
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	The facility maintains current infection control plan, dated 4/1/26. Hand sanitizer and proper sanitation were observed during the visit throughout the facility. There is a responsible person and emergency training was provided to staff. Personal

protective equipment was observed. Staff have TB test clearances on file.
(CONTINUED ON LIC 809C)

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros

NAME OF LICENSING PROGRAM ANALYST: Bonnie Tao

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/06/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

Page: 1 of 5

California Department of Social Services

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
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	MONTEREY PARK ASC, 1000 CORPORATE CNTR
	DR. ST 500
	MONTEREY PARK, CA 91754

FACILITY NAME: REGENCY PARK OAK KNOLL

FACILITY NUMBER: 191200037

VISIT DATE: 04/06/2026

NARRATIVE	
1	Operational Requirements:
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4	A plan of operation is maintained. Facility has a current liability insurance policy which covers from 08/01/2025 to 08/01/2026. Facility is operating within the license.
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7	Physical Plant/Environmental Safety:
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10	Physical plant was conducted with Jacqueline Hernandez and observed the following: Facility was observed clean and in good repair indoors and outdoors.
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13	<u>First Floor:</u> Main entrance, lobby, family room, TV room, dining room, coffee bar, beauty parlor, outdoor areas were clean and in good repair. Fireplaces were adequately screened. Carbon monoxide detectors were tested and operable. Fire extinguishers were mounted on the wall in the kitchen and last checked was on 07/08/2025. Smoke detectors were monitored by ADR Security System, which was a fire prevention company and the recent service was done today 04/06/26. Ramps, exit doors, and passageways are free of debris and obstructions. Kitchen was observed clean. Storage rooms, Med room, laundry room and maintenance office were inaccessible to residents. Common shower across from the elevator has skid flooring. Five (5) resident rooms were randomly selected for a physical plant tour. Call system was tested and the response time was in a range of 5 – 10 minutes. Resident bedrooms were observed clean, tidy and in compliance. The residents' bathrooms were clean and in working condition with grab bars, and skid mats. Hot water temperatures were measured in a range from 108.1 degree F to 111.6 degree F, which was in compliance within the required 105-120 degrees F. The courtyard or outdoor area had a small bodily of water which was secured with fence and inaccessible to the residents. Shaded seating area was provided to residents. Delay egress exits and auditory devices were operable.
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	<u>Second Floor:</u> Library's fireplace is adequately screened. Library, conference room, and sensory room were observed clean and in good repair. Five (5) resident rooms were randomly selected for a physical plant tour. Call system was tested and the response time was in a range of 5 – 10 minutes. Resident bedrooms were observed clean, tidy and in compliance.
	(CONTINUED ON LIC 809C)

NAME OF LICENSING PROGRAM ANALYST: Bonnie Tao	DATE: 04/06/2026
LICENSING PROGRAM ANALYST SIGNATURE:	

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/06/2026
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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: REGENCY PARK OAK KNOLL	FACILITY NUMBER: 191200037
	VISIT DATE: 04/06/2026

NARRATIVE	
1	The residents' bathrooms were in compliance. Hot water temperatures were
2	measured in a range from 106.5 degree F to 116.6 degree F, which was in
3	compliance. Delay egress exits were operable.
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5	Staffing:
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7	Current CPR/First Aid training were on file. There were four (4) available night staff,
8	whom have been provided emergency training. Sufficient staff were observed.
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11	Personnel Records/Staff Training: Administrator certificate for Annabelle Argenal
12	is current and the expiration date is 04/21/2027. Staff records were available for
13	review. Six (6) staff files were reviewed. Staff records and in service training were
14	current.
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17	Resident Rights/Information:
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19	Adequate signage including Personal Rights, Let Us No poster (PUB 475), and
20	Local Ombudsman posters were observed in the lobby.
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23	Planned Activities:
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25	LPA observed residents were doing activities/exercises after breakfast. Activity
26	materials were observed. The facility has a library and a sensory area to stimulate
27	neurological skills.
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30	Food Service:
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32	Sufficient food supplies were observed of perishables for at least two (2) days and
	non-perishables for at least seven (7) days. Residents' dietary list was posted in the
	kitchen near the food tray preparation area. Pest was not observed. Staff were
	observed using hygiene and contamination prevention methods.
	Incidental Medical and Dental:
	Wellness room and medication carts were locked. Wellness room / med room stored
	in house medications, refrigerated medications, and surplus medications. Medication
	carts were located in the studio dining room. Medications were kept in their original
	containers. (CONTINUED ON LIC 809C)

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros	
NAME OF LICENSING PROGRAM ANALYST: Bonnie Tao	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/06/2026

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FACILITY NAME: REGENCY PARK OAK KNOLL

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NARRATIVE	
1	Resident Records/Incident Reports: Residents records were available for review. Six (6) resident files were reviewed which contained medical assessment, TB clearance, admission agreement, an appraisal, a needs and care plan. Disaster Preparedness: Emergency Disaster plan (LIC 610E 3/19), it has been reviewed within a year. The last emergency drill was conducted on 03/20/26 which was done quarterly. Emergency evacuation chairs were observed at the top of each exit door. Residents with Special Health Needs: Postural support/bed rails were observed and physician's requests were observed in residents files who are under hospice. Facility followed dementia regulations. All delay egress exit doors were tested and operable. Facility keeps hospice plan on file. Exit: No deficiencies were noted during this visit per California Code of Regulations, Title 22, Division 6. Exit interview was conducted with Administrator and LIC 809s were provided.
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