

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 191500496

Report Date: 02/12/2026

Date Signed: 02/12/2026 03:20:03 PM

Document Has Been Signed on 02/12/2026 03:20 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 NAME: MOUNT SAN ANTONIO GARDENS		FACILITY NUMBER: 191500496
ADMINISTRATOR/JOYCE FREMPONG		FACILITY TYPE: 741
DIRECTOR:		
ADDRESS: 900 EAST HARRISON AVENUE	TELEPHONE: (909) 624-5061	
CITY: POMONA	STATE: CA	ZIP CODE: 91767
CAPACITY: 520	CENSUS: 345	DATE: 02/12/2026
TYPE OF VISIT: Case Management - Annual Continuation	UNANNOUNCED TIME VISIT/INSPECTION	11:34 AM
MET WITH: Joyce Frempong, Director	BEGAN: TIME VISIT/INSPECTION	03:30 PM
	COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA), Mayra Cota, conducted an unannounced Annual Continuation Visit.
2	LPA met with Joyce Frempong, Director of the facility, and the reason for the visit was explained.
3	Lindsay Mullen, Assisted Director, facilitated today's visit
4	
5	This is a Continuing Care Retirement Community (CCRC) which consists of:
6	
7	· Assisted Living (Oak Tree Lodge) - capacity of 70; housing 68
8	
9	· Memory Care (Taylor Villa) - capacity of 10; housing 10
10	
11	· Assisted Living (Harrison Villa) - capacity of 10; housing 10
12	
13	· Independent Living - currently housing 257
14	
15	During today's visit, LPA toured the facility grounds (Assisted Living Building, Harrison Villa and Taylor Villa). The physical plant was observed clean inside and out. Passageways, walking paths, ramps, and exits are free of debris and obstructions. LPA inspected (17) resident rooms. Rooms have the required furnishing and bedding. Rooms with oxygen tanks have the required postings. Oxygen tanks were observed to be stored properly. Residents' bathrooms are kept clean and sanitary. Toilets and showers have safety grab bars and anti-skid mats. Call buttons in residents' rooms in the Memory Care Unit were tested and found to be working properly. Water temperature in the bathrooms was tested and measured between 105-120 degrees F, which is within compliance range.
16	
17	
18	
19	
20	
21	
22	
23	
24	****Continues on LIC 809-C****
25	

NAME OF LICENSING PROGRAM MANAGER: Wei Siew Ho
NAME OF LICENSING PROGRAM ANALYST: Mayra Cota

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 02/12/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 02/12/2026

**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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  COMMUNITY CARE LICENSING DIVISION  MONTEREY PARK ASC, 1000 CORPORATE CNTR  DR. ST 500  MONTEREY PARK, CA 91754</p>
---	---

**FACILITY NAME:** MOUNT SAN ANTONIO GARDENS

**FACILITY NUMBER:** 191500496

**VISIT DATE:** 02/12/2026

<b>NARRATIVE</b>	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>. The (3) facility kitchens were inspected. Refrigerators, freezers and other kitchen appliances were observed clean and working properly. The facility has sufficient food supplies of 2-day perishable and (1) week of non-perishable items. Food storage rooms are stocked, and dry goods are kept in food-grade storage bins with tightly fitting lids. Cleaning supplies and other toxins are stored away from food and kept locked. Facility keeps extra food on hand for disasters or other emergencies. The dining areas have adequate seating and are kept clean. Tables and chairs are wiped down after each meal service. Laundry rooms throughout the facility are kept clean and appliances are operational and in good repair. Several shaded areas in the outdoor environment were observed. Patio furniture in the shaded areas is in good repair and there is sufficient seating for residents. Carbon Monoxide detectors were observed in each building and were tested and working properly. Fire extinguishers are located throughout the buildings. Fire extinguishers were last serviced in February 2025. Fire alarms were tested and operable in all toured buildings. The facility is inspected by the local Fire Department yearly and their last inspection was conducted on 11/6/2025. During today's visit, maintenance staff also tested the fire doors in the Harrison and Taylor Villas and were working properly. Lighting in the hallways is appropriate, and carpet and flooring was observed clean and safe.</p> <p>During today's visit, LPA conducted interviews with Staff 7- Staff 10 and Resident 1 - Resident 10.</p> <p>Per California Code of Regulations, Title 22, and California Health and Safety Code, no deficiencies are cited today. Exit interview conducted with Joyce Frempong, Director, and Lindsay Mullen, Assistant Director, and a copy of the report was provided</p>

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Wei Siew Ho	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Mayra Cota	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 02/12/2026

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 02/12/2026
---	-------------------------