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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 191501662
Report Date: 07/02/2026
Date Signed: 07/29/2026 06:17:46 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 MONTEREY PARK ASC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754

FACILITY NAME:	BRETHREN HILLCREST HOMES		FACILITY NUMBER:	191501662
ADMINISTRATOR/ DIRECTOR:	KEITH KASIN		FACILITY TYPE:	741
ADDRESS:	2705 MOUNTAIN VIEW DRIVE		TELEPHONE:	(909) 593-4917
CITY:	LA VERNE	STATE: CA	ZIP CODE:	91750
CAPACITY: 574		CENSUS: 329	DATE:	07/02/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	08:45 AM
MET WITH:	Raul Garcia, Maintenance Manager and Desiree Eudave, Sr. Director of Resident Care		TIME VISIT/ INSPECTION COMPLETED:	04:15 PM

NARRATIVE

Licensing Program Analyst (LPA) Gabriela Castro conducted an unannounced required annual inspection utilizing the Compliance and Regulatory Enforcement (CARE) Tool. LPA was greeted by Maintenance Manager Raul Garcia, who was informed of the purpose of the visit and provided a tour of the community. Desiree Eudave, Sr. Director of Residential Care, arrived shortly thereafter.

This facility is licensed to serve fourteen (14) ambulatory residents and five hundred and sixty (560) non-ambulatory residents, age 60 and over. The facility may retain no more than fifteen (15) hospice residents. At the time of the inspection, there was (1) resident receiving hospice services.

The facility provides care to assisted living residents in four (4) different areas of the community with the following census:

- Pinecrest – eighteen (20) residents

- Cedar Court – eleven (10) residents

- Maple Court/Birch Court – thirty-one (59) residents

- Southwood Lodge Memory Care – twenty-four (21) residents--Southwood Lodge Memory Care is approved for delayed egress.

The total community census for memory care and assisted living at the time of the inspection was one hundred and twenty (120) residents.

LPA utilized the Compliance and Regulatory Enforcement (CARE) Tool during today's inspection and observed the following:

	(continued on 809C)

David Sicairos
Gabriela Castro

DATE: 07/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/02/2026

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.

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Created By: Gabriela Castro On 07/02/2026 at 03:12 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 , 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754

FACILITY NAME: BRETHREN HILLCREST HOMES **FACILITY NUMBER:** 191501662
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/02/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.618(c)(4)	

Other Provisions

(c)The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following: (4) Ensure that the facility is clean, safe, sanitary, and in good repair at all times.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observations made during the facility walkthrough of the Southwood Lodge Memory Care outdoor area, LPA observed that the gazebo was in disrepair and did not provide adequate shade to a portion of the patio area designated for resident use which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 07/30/2026
	Plan of Correction
1 2 3 4	Licensee shall repair or replace the gazebo to ensure it provides adequate shade for residents using the Southwood Lodge Memory Care outdoor patio area. Licensee shall submit photographs of the completed repairs or replacement by the 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.

David Sicairos

NAME OF LICENSING PROGRAM MANAGER:
NAME OF LICENSING PROGRAM ANALYST: Gabriela Castro
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/02/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
MONTEREY PARK ASC, 1000 CORPORATE CNTR DR. ST 500
MONTEREY PARK, CA 91754

FACILITY NAME: BRETHREN HILLCREST HOMES **FACILITY NUMBER:** 191501662
VISIT DATE: 07/02/2026

NARRATIVE

Physical Plant and Environmental Safety:

The community is centrally located within the City of La Verne and is considered a Continuing Care Retirement Community (CCRC). LPA toured the Memory Care unit (Southwood Lodge) and the Assisted Living areas, including Maple Court, Birch Court, and Cedar Court. A total of ten (10) resident bedrooms were inspected. All resident rooms contained the required furniture, linens, and adequate lighting. Water temperatures in resident grooming and bathing areas measured between 105°F and 120°F. Restrooms displayed postings encouraging proper handwashing, and resident bathrooms were equipped with grab bars adjacent to toilets and inside showers. Disinfectants, cleaning supplies, poisons, and other hazardous materials were observed to be secured and inaccessible to residents. Carbon monoxide detectors and smoke alarms were observed in resident bedrooms and hallways. LPA also observed evacuation chairs positioned in stairwells for emergency use.

Food Service:

LPA toured both dining areas and the kitchens that serve the Assisted Living and Memory Care residents. LPA observed proper food storage, food preparation, and food handling practices throughout both kitchen areas. No chemicals, cleaning supplies, or other hazardous substances were observed in food preparation or food storage areas. LPA discussed with kitchen staff the process for monitoring and providing meals to residents with physician-ordered special diets. Kitchen staff explained that resident dietary needs and special meal plans are tracked through the community's **Dine OS** system, which assists staff in ensuring meals meet nutritional needs. Staff further stated that the community employs a certified nutritionist who oversees menu planning to ensure meals meet residents' nutritional needs. LPA observed the community's daily and weekly menus, which were posted and available for resident review. Food menus were readily available throughout the community, and printed copies are available for residents upon request. The facility maintained at least a one-week supply of nonperishable food and a minimum two-day supply of perishable food. Soaps, detergents, and cleaning compounds were stored separately from food supplies. Freezers and refrigerators were clean and maintained at appropriate temperatures. Freezers measured approximately 0°F (-17.7°C), and refrigerators were maintained at or below 40°F (4.4°C).

NAME OF LICENSING PROGRAM MANAGER: David Sicairos
NAME OF LICENSING PROGRAM ANALYST: Gabriela Castro
LICENSING PROGRAM ANALYST SIGNATURE:

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COMMUNITY CARE LICENSING DIVISION
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FACILITY NAME: BRETHREN HILLCREST HOMES **FACILITY NUMBER:** 191501662

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NARRATIVE

Planned Activities:

LPA observed several residents participating in a staff-led seated exercise program. A July 2026 activity calendar was posted and included a variety of recreational activities and scheduled community outings. LPA observed adequate outdoor recreational space for residents in both the Assisted Living and Memory Care areas. However, a section of the Southwood Lodge Memory Care outdoor patio lacked adequate shade, and portions of the patio were observed to be in disrepair. A citation will be issued.

Amenities:

LPA observed that the community offers a variety of amenities for resident use, including a movie theater, an enclosed swimming pool area, a fully equipped fitness gym, and an on-site beauty salon. These amenities provide residents with opportunities for recreation, exercise, personal care, and social engagement. LPA observed the amenities to be clean, well-maintained, and available for resident use.

Residents Council Meeting:

LPA reviewed documentation of the facility's monthly Resident Council meetings. The meetings provide residents with an opportunity to voice concerns, offer suggestions, discuss community matters, and participate in decisions affecting their living environment. Documentation reflected the facility's ongoing efforts to encourage resident participation and promote resident rights within the community.

Resident Rights/Information:

LPA observed the required postings displayed throughout the facility's common areas, including the Complaint Poster (PUB 475), Personal Rights, and the Nondiscrimination Notice. Internet access was also available for resident use.

Health-Related Services & Records

Ten (10) resident files were reviewed. Files contained current required documentation, including Admission Agreements, signed consents, Needs and Services Plans, Physician's Reports documenting TB results and ambulatory status, and signed Resident Rights acknowledgments. Residents' medications were reviewed. Medications were observed to be centrally stored in the facility's medication room in locked medication cabinets, locked medication carts, and a locked medication refrigerator. All medications observed were maintained in a secure manner and inaccessible to residents.

(continued on 809C)

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COMMUNITY CARE LICENSING DIVISION
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FACILITY NAME: BRETHREN HILLCREST HOMES FACILITY NUMBER: 191501662

VISIT DATE: 07/02/2026

NARRATIVE

Disaster Preparedness

LPA received copies of the facility's Wet Pipe Sprinkler Inspection/Test Reports, including the required comprehensive inspection reports for both the Assisted Living and Southwood Lodge Memory Care wings. Facility records reflected that the last fire and earthquake drill was conducted on June 12, 2026. Documentation of emergency drills were available for LPA's review. LPA observed that the facility's LIC 610D, Emergency Disaster Plan, was in the process of being updated. Emergency disaster supplies, including potable water, nonperishable food, flashlights, batteries, and first aid supplies, were observed and appeared sufficient to meet emergency preparedness requirements.

Personnel Records & Training

Five (5) staff files were reviewed and included criminal record clearances, CPR/First Aid, required training and TB screenings. Administrator Certificate for Keith Kasin was valid through August 10, 2026.

An exit interview was conducted with **Desiree Eudave, Sr. Director of Residential Care.** During the inspection, deficiencies were observed and cited on the attached LIC 809D/809C in accordance with Title 22, Division 6 regulations. A copy of this report, LIC 809D/809C, and appeal rights will be provided.

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