

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 191501668

Report Date: 06/30/2025

Date Signed: 06/30/2025 12:53:41 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: BRITISH HOME IN CALIFORNIA LTD, THE	FACILITY NUMBER: 191501668
ADMINISTRATOR/MARLENE RAINEN	FACILITY TYPE: 741
DIRECTOR:	
ADDRESS: 647 MANZANITA AVE	TELEPHONE: (626) 355-7240
CITY: SIERRA MADRE	STATE: CA
CAPACITY: 41	ZIP CODE: 91024
TYPE OF VISIT: Required - 1 Year	CENSUS: 38
	DATE: 06/30/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 09:24 AM
MET WITH: Rosario Munoz - Executive Director	TIME VISIT/INSPECTION
	COMPLETED: 01:00 PM

### NARRATIVE

1 Licensing Program Analyst (LPA) Bennette Pena conducted an unannounced Required- 1 year visit. The  
2 purpose of the visit was explained to Rosario Munoz, Executive Director. The facility is licensed to serve  
3 for a capacity of 41 residents (34) ambulatory, maximum of (7) non-ambulatory restricted to Braemar  
4 cottage. Facility served elderly ages 60 and above and may retain (6) hospice residents. LPA utilized the  
5 Compliance and Regulatory Enforcement (CARE) tools for the visit today and observed the following:  
6 **Infection Control:** Infection control practices and Personal Protective Equipment (PPEs) were  
7 maintained. Bathrooms have hygiene items such as paper towel, hand soap and toilet paper. Staff are  
8 adhering to infection control requirements.  
9 **Operational Requirements:** The facility has an approved fire clearance, there is a plan of operation  
10 with required Infection Control Plan. Facility maintains the required liability insurance which expires on  
11 03/12/2026. Surety Bond in the amount of \$5000 is in effect.  
12 **Physical Plant/Environment Safety:** There are 6 different cottages (Lambert, Ramona, Foskett,  
13 Shafer, Armstrong, Braemar, and Jameson) and each contains resident rooms, living room, small dining  
14 room, kitchen, and a laundry room. The main dining room and kitchen are located at the Armstrong  
15 building. LPA randomly selected resident rooms to inspect. They are clean and have the required  
16 furnishings. LPA did not observe a signal system in place. There are no items obstructing the walkways.  
17 The front grounds of the facility are well landscaped and have a leveled walkway to the entrance. No  
18 large bodies of water were observed. There are no security bars or weapons on the premises. The  
19 facility has central air and heating accommodations. The hot water temperature was tested throughout  
20 the facility and measured within Title 22 Regulation guidelines. Storage areas for cleaning solutions,  
21 toxic, knives, and hazardous items were secured in a shed and made inaccessible to residents. The fire  
22 extinguishers were observed to be fully charged and in compliance, however some of those were not  
23 mounted on the wall. The facility has carbon monoxide detectors in each cottage. A shaded area with  
24 chairs is provided to the residents. \*\*\*\*\*CONTINUED ON LIC809-C\*\*\*\*\*  
25

NAME OF LICENSING PROGRAM MANAGER: David Sicairos

NAME OF LICENSING PROGRAM ANALYST: Bennette Pena

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 06/30/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 06/30/2025

**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  GREATER LA AC/SC, 1000 CORPORATE CNTR  DR. ST 500  MONTEREY PARK, CA 91754</p>
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**FACILITY NAME:** BRITISH HOME IN CALIFORNIA LTD, THE

**FACILITY NUMBER:** 191501668

**VISIT DATE:** 06/30/2025

NARRATIVE	
<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><b>Staffing:</b> A total of 22 staff members including the Administrator provide care and supervision to the clients. Staff employed are over the age of 18 and have criminal background clearance, fingerprint cleared, have training and associated to the facility.</p> <p><b>Personnel Records-Training:</b> Administrator certificate is valid and expire on 04/07/2026. Staff have criminal background clearance and training. (4) staff files were reviewed. Proof of staff training, health clearance, food handling certificates, and 1st Aid/CPR training are current.</p> <p><b>Resident Rights-Information:</b> A total of (4) resident files were reviewed. They contained admission agreements, Physician's Reports, Appraisal, Individual Needs/Service Plans, TB clearance, Functional Capability Assessment, Physician's Orders, medical consent, medication records, and P &amp; I money records. RCFE complaint poster and Personal rights were observed posted.</p> <p><b>Planned Activities:</b> Sufficient space to accommodate both indoor and outdoor activities was observed. An activity calendar is posted in the dining room and in each cottage. The facility has a Resident Council.</p> <p><b>Food Service:</b> Sufficient food supply is stored in the kitchen and pantry areas consisting of: 2-day perishables, 7-day non-perishables, and emergency food supplies. Sanitation practices and kitchen cleanliness was observed.</p> <p><b>Incidental Medical and Dental:</b> Medications are centrally stored and locked in the medication room located in the Jameson cottage. Resident medications which are centrally stored were reviewed; containing 30-day supply of medications. Medical and dental transportation is provided.</p> <p><b>Resident Records-Incident Reports:</b> Resident files are kept in a secured location and have the following documents in their files: Pre-admission appraisal/Appraisal Needs &amp; Services Plan, Admission Agreements, Identification &amp; Emergency Information and current Physician's Report.</p> <p><b>Disaster Preparedness:</b> The facility has an Emergency Disaster Plan with contact numbers and at least (2) relocation sites. Facility conducts fire drill at least quarterly for each shift. Last fire drill was conducted on 03/17/2025.</p> <p><b>Residents with Special Health Needs:</b> There are (2) residents receiving hospice care in the facility. Staff provide support care and supervision appropriate to meet the need of the residents receiving care from a Hospice agency.</p> <p>Technical violations were issued. An exit interview was conducted, and a copy of this report was provided to Rosario Munoz, Executive Director.</p>

<p><b>NAME OF LICENSING PROGRAM MANAGER:</b> David Sicairos  <b>NAME OF LICENSING PROGRAM ANALYST:</b> Bennette Pena  <b>LICENSING PROGRAM ANALYST SIGNATURE:</b></p>	<p><b>DATE:</b> 06/30/2025</p>
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**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

<p><b>FACILITY REPRESENTATIVE SIGNATURE:</b></p>	<p><b>DATE:</b> 06/30/2025</p>
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