

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 191501668
Report Date: 05/01/2026
Date Signed: 05/01/2026 01:12:54 PM

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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: BRITISH HOME IN CALIFORNIA LTD, THE		FACILITY NUMBER:	191501668
ADMINISTRATOR/ROSARIO MUNOZ		FACILITY TYPE:	741
DIRECTOR:			
ADDRESS:	647 MANZANITA AVE	TELEPHONE:	(626) 355-7240
CITY:	SIERRA MADRE	STATE: CA	ZIP CODE: 91024
CAPACITY: 41	CENSUS: 35	DATE:	05/01/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	09:05 AM
MET WITH: Rosario Munoz, Executive Director		BEGAN: TIME VISIT/INSPECTION	01:15 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Daniel Konishi conducted an unannounced Required- 1 year visit. LPA		
2	met with the Executive Director, Rosario Munoz and LPA explained the purpose of the visit. The facility		
3	is licensed to serve for a capacity of 41 residents (34) ambulatory, maximum of (7) non-ambulatory		
4	restricted to Braemar cottage. Facility served elderly ages 60 and above and may retain (6) hospice		
5	residents.		
6			
7	LPA utilized the Compliance and Regulatory Enforcement (CARE) tools for the visit today and observed		
8	the following:		
9			
10	Infection Control: Infection Control Plan is in place. Infection control practices and Personal Protective		
11	Equipment (PPEs) were maintained. Bathrooms have hygiene items such as paper towel, hand soap		
12	and toilet paper. Staff are adhering to infection control requirements.		
13			
14	Operational Requirements: The facility has an approved fire clearance; there is a plan of operation		
15	with required Infection Control Plan. LPA observed valid Liability insurance and valid Surety Bond in		
16	place.		
17			
18	Physical Plant/Environment Safety: There are 6 different cottages (Lambert, Ramona, Foskett,		
19	Shafer, Armstrong, Braemar, and Jameson) and each contains resident rooms, living room, small dining		
20	room, kitchen, and a laundry room. The main dining room and kitchen are located at the Armstrong		
21	building. LPA randomly selected resident rooms to inspect. They are clean and have the required		
22	furnishings. LPA did not observe a signal system in place. Extra linens, towels, and blankets are stored		
23	in the Braemar's Laundry room. There are no items obstructing the walkways. The front grounds of the		
24	facility are well landscaped and have a leveled walkway to the entrance. [Continue LIC809-C]		
25			

NAME OF LICENSING PROGRAM MANAGER: David Sicairos
NAME OF LICENSING PROGRAM ANALYST: Daniel Konishi

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/01/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/01/2026

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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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BRITISH HOME IN CALIFORNIA LTD, THE **FACILITY NUMBER:** 191501668
VISIT DATE: 05/01/2026

NARRATIVE	
1	Physical Plant/Environment Safety [Cont.]: No large bodies of water were observed. There are no
2	security bars or weapons on the premises. The facility has central air and heating accommodations. The
3	hot water temperature was tested throughout the facility and LPA measured between 109.7 degrees F to
4	120.0 degrees F which is within Title 22 Regulation guidelines. Storage areas for cleaning solutions,
5	toxic, knives, and hazardous items were secured in a shed and made inaccessible to residents. LPA
6	observed six (6) fire extinguishers were observed to be fully charged and last inspected on 04/30/2026.
7	The facility has carbon monoxide detectors in each cottage. Carbon monoxide detectors were tested
8	and working properly. LPA observed fire panels and the last fire alarm test and inspection was
9	conducted on 4/8/2026. A shaded area with chairs is provided to the residents.
10	
11	Staffing: A total of 24 staff members including the Administrator provide care and supervision to the
12	clients. Staff employed are over the age of 18 and have criminal background clearance, fingerprint
13	cleared, have training and are associated to the facility.
14	
15	Personnel Records-Training: LPA reviewed five (5) staff files that include Personnel Record/Job
16	Application, Criminal Background Clearance, Health Clearance, TB Clearance, Food Handling
17	Certificates, and 1st Aid/CPR/AED training, and Employee Rights. Administrator's Certificate expires
18	04/06/2028.
19	
20	Resident Rights-Information: Resident personal rights, complaint hotline information and visitors
21	policy posters are posted in the lobby by the main entrance. The facility provides internet service to all
22	residents and have access to the facility phone.
23	
24	Planned Activities: Sufficient space to accommodate both indoor and outdoor activities was observed.
25	An activity calendar is posted in the dining room and in each cottage. The facility has a Resident
26	Council.
27	
28	Food Service: The kitchen was inspected and the food preparation area and storage areas were
29	observed to be clean and sanitary. Sufficient food supply is stored in the kitchen and pantry areas
30	consisting of 2-day perishables, 7-day non-perishables, and emergency food supplies. Currently, there
31	are four (4) residents with modified diets. Sanitation practices and kitchen cleanliness was observed.
32	
	Incidental Medical and Dental: LPA reviewed five (5) residents' medications. Medications are given as
	prescribed. Medications are centrally stored and locked in the medication room located in the Jameson
	cottage. Resident medications which are centrally stored contain 30-day supply of medications. Medical
	and dental transportation is provided.

NAME OF LICENSING PROGRAM MANAGER: David Sicairos	
NAME OF LICENSING PROGRAM ANALYST: Daniel Konishi	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 05/01/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/01/2026

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** BRITISH HOME IN CALIFORNIA LTD, THE**FACILITY NUMBER:** 191501668**VISIT DATE:** 05/01/2026**NARRATIVE**

1 **Resident Records-Incident Reports:** Resident files are kept in a secure location. LPA reviewed five (5)
2 resident files which include Face Sheet, Pre-admission Appraisal, Appraisal Needs & Services Plan,
3 Admission Agreements, Identification & Emergency Information, Physician's Reports (TB Clearance and
4 Ambulatory Status), Functional Capability Assessment, and Resident Personal Rights. LPA observed
5 client P & I records.
6

7 **Disaster Preparedness:** The facility has an Emergency Disaster Plan with contact numbers and at
8 least two (2) relocation sites. Facility conducts fire drill at least quarterly for each shift. Last fire drill was
9 conducted on 04/08/2026.
10

11 **Residents with Special Health Needs:** There are two (2) residents receiving hospice care in the
12 facility. Staff provide support care and supervision appropriate to meet the need of the residents
13 receiving care from a Hospice agency.
14

15 Per California Code of Regulations, Title 22, and California Health and Safety Code, no deficiencies
16 observed during today's visit. Exit interview was held and a copy of the report was provided to the
17 Executive Director, Rosario Munoz.
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NAME OF LICENSING PROGRAM MANAGER: David Sicairos**NAME OF LICENSING PROGRAM ANALYST:** Daniel Konishi**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 05/01/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 05/01/2026