

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 191592479
Report Date: 08/11/2026
Date Signed: 08/11/2026 02:18:04 PM

COMPREHENSIVE INSPECTION

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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:	ATRIA COVINA	FACILITY NUMBER:	191592479
ADMINISTRATOR/DIRECTOR:	ALONDRA FUENTES	FACILITY TYPE:	740
ADDRESS:	825 W SAN BERNARDINO RD	TELEPHONE:	(626) 967-9621
CITY:	COVINA	STATE:	CA
CAPACITY:	90	ZIP CODE:	91722
TYPE OF VISIT:	Required - 1 Year	CENSUS:	60
		DATE:	08/11/2026
		UNANNOUNCED TIME VISIT/INSPECTION	08:30 AM
		BEGAN:	
MET WITH:	EXECUTIVE DIRECTOR CRYSTENE CHAR	TIME VISIT/INSPECTION	02:37 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Vaid conducted an unannounced annual inspection visit. LPA met with Administrator Crystene Char and the purpose of today's visit was discussed. The facility has a capacity of 90 residents and is licensed to serve elderly residents age 60 and above. The facility is approved for fifty-six (56) non-ambulatory residents. The facility has ten (10) hospice waivers on file. Administrator certificate is current and expires on 12/20/2026.
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6	The annual inspection consisted of; conducting physical plant; reviewing food supply, staff and residents' files, and medication; and interviewing of staff/residents.
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11	1.Infection Control: There are using appropriate hand hygiene and wearing gloves while assisting clients. Staff are cleaning and disinfecting often for high touched surfaces. Facility has an Infection Control Plan in place.
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16	2.Disaster Preparedness: The facility has the Emergency Disaster Plan in place. The emergency disaster drills include fire, elopement, and stairwell evacuation, conducted every quarter. Last emergency drill was on 04/28/2026 Disaster training is conducted by the corporate office every quarter.
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21	3.Resident Rights-Information: Resident rights are included in Resident files. The let-us-no and ombudsman posters were observed to be posted in the hallway near the reception desk.
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24	
25	
	4.Planned Activities: Activity schedule/calendar is posted inside the activity room. There is an activity coordinator and activity assistant for this facility on weekly basis.
	CONTINUED ON 809C.....



DATE: 08/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/11/2026

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: ATRIA COVINA	FACILITY NUMBER: 191592479
	VISIT DATE: 08/11/2026

NARRATIVE	
1	5.Physical Plant & Environment Safety: LPAs toured facility grounds. The facility is a two-story building
2	with 63 resident rooms. The facility consists of seven (7) office rooms, reception area, medication room,
3	library, activity room, dining room, kitchen, two (2) laundry rooms, two (2) housekeeping storage rooms,
4	staff lounge, and courtyard. Four (4) public restrooms are available which are clean and operational.
5	Smoke alarms and carbon monoxide detectors were observed and are operable. Fire extinguishers are
6	located throughout the premises (service date of 12/10/2025) Water temperature measured in eight (8)
7	residents' bathrooms is within 105–120-degree F. Bathrooms had non-skid surfaces and grab bars.
8	Knives, cleaning solutions, and disinfectants are locked and inaccessible to clients.
9	
10	6.Operational Requirements: The fire clearance is approved has a capacity of 90 residents and licensed
11	to serve elderly residents age 60 and above. The facility is approved for fifty-six (56) non-ambulatory
12	residents. The facility has ten (10) hospice waivers on file, five (5) residents are on hospice, and eight
13	(8) residents with dementia. Administrator certificate is current and expires on 12/20/2026. Staff are
14	adhering to operational requirements.
15	
16	7.Food Service: Dining area has adequate seating. Plates, cups and utensils are kept clean and stored
17	properly. Kitchen is kept clean and free from rodents and other vermin. There are sufficient food supplies
18	of 2-day perishable and (1) week of non-perishable items. The food is properly stored in the refrigerator
19	and freezer. Pesticides and cleaning supplies are kept away from the food preparation areas. Weekly
20	menu is posted in hallway next to dining hall. Special diets are served, low sodium, low/no sugar.
21	Residents can request special meals.
22	
23	8.Staffing: Facility has reasonable staffing; staff were observed assisting residents with their activities.
24	
25	9.Personnel Records-Training: Staff files are maintained at the facility. LPA reviewed staff files for Staff
26	#1 through Staff #5. Staff have their Health and TB Screening on file. Association and clearance. First
27	Aid and CPR certificates on file.
28	
29	10.Resident Records-Incident Reports: LPA reviewed Resident files for Resident #1 through Resident
30	#6. Resident files are maintained at the facility. Admission Agreement, Physician's Report (including T.B
31	and Ambulatory Status), Consent for Medical Treatment, Preplacement Appraisal Information, Resident
32	Pre-Appraisal, Functional Capabilities, ALW assessment and Resident Rights were observed.
	11.Incidental M&D: The medications are centrally stored in the medication room and in bubble packs
	and/or original containers. Medications are administered as prescribed by the Physician and marked in
	the Medicine Administered Record (MARs).
	12.Residents with SHN: Facility does not use manual restraints at this facility.
	No deficiencies were noted on today's visit. An exit interview was conducted with Administrator Crystene
	Char and copy of LIC 809s were provided.

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros	
NAME OF LICENSING PROGRAM ANALYST: Sanjay Vaid	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/11/2026
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