

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 191800001

Report Date: 03/05/2026

Date Signed: 03/05/2026 04:10:52 PM

Document Has Been Signed on 03/05/2026 04:10 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
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FACILITY NAME: HOLLENBECK PALMS		FACILITY NUMBER: 191800001
ADMINISTRATOR/DIANA MEDINA DIRECTOR:		FACILITY TYPE: 741
ADDRESS: 573 S. BOYLE AVE	STATE: CA	TELEPHONE: (323) 263-6195
CITY: LOS ANGELES	CENSUS: 158	ZIP CODE: 90033
CAPACITY: 185	DATE: 03/05/2026	
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	08:45 AM
MET WITH: Administrator Diana Macias-Medina	BEGAN: TIME VISIT/INSPECTION	04:15 PM
	COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Tao conducted an unannounced annual visit at the
2 facility using the CARE inspection tool. LPA met with Administrator Diana Macias-
3 Medina and the reason for the visit was explained.
4

5
6 This facility is licensed to serve elderly residents, age 60 and above. The facility's
7 capacity is 185 residents, which is approved to have 100 ambulatory and 85 non-
8 ambulatory residents. The facility campus consisted of memory care building,
9 independence living building and assisted living buildings. The main building is the
10 assisted living and has two (2) floors. The first floor is approved to have 20 non-
11 ambulatory residents, and the second floor is approved to have 32 non-ambulatory
12 residents. The memory care building has two (2) floors which is approved to have 33
13 non-ambulatory residents and delayed egress. The memory care has eight (8)
14 hospice waivers in place. Today's inspection consisted of applying CARE tool,
15 conducting physical plant, reviewing staff/resident records, checking food
16 supply/medication, and interviewing staff/residents.
17
18

19 Infection Control:


20
21
22 Facility maintains an infection control plan was on file. Staff were observed practicing
23 safe hand washing. Hand sanitizing was observed throughout. Hygiene supply and
24 sanitizing materials were observed in each bathroom and changing station.
25

(-continued on LIC 809C-)

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros

NAME OF LICENSING PROGRAM ANALYST: Bonnie Tao

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/04/2026

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.

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
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FACILITY NAME: HOLLENBECK PALMS

FACILITY NUMBER: 191800001

VISIT DATE: 03/05/2026

NARRATIVE

1 **Physical Plant & Environmental Safety:**
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 3 The facility campus has four (4) separate buildings, including one (1) skilled nursing
 4 building, one (1) assisted living building, independence living building and one (1)
 5 memory care building. The assisted living buildings have resident rooms,
 6 kitchenettes, laundry rooms, activity areas, a gym, a main dining room, a commercial
 7 kitchen, and common areas for resident use. The memory care building consists of
 8 resident's rooms, resident activity areas with a big TV, dining room, and a
 9 commercial kitchen. Physical plant tour was conducted and observed the facility is in
 10 good repair indoor and outdoor. Residents' rooms are clean and comfortable
 11 temperature is maintained. Outdoor space is furnished, shaded, and accessible to
 12 clients. A bodily of water is located between the independence living building and
 13 assisted living buildings and is secured with a 5 ft fence.
 14
 15
 16
 17 Cleaning supplies and sharps were locked and inaccessible to clients. Passageways
 18 and exit areas were observed free of obstructions. Restrooms were observed clean.
 19 Water temperature was measured and in compliance. The facility had a system
 20 monitoring hot water temperature by testing hot water temperature in random rooms
 21 every two weeks. The emergency call system was tested in ten (10) resident rooms.
 22 The responding time was from 2 minutes to 7 minutes. Five (5) extinguishers were
 23 checked and they were fully charged. Their last service was on 2/25/26. Smoke
 24 detectors and carbon monoxide devices were monitored by a company, Absolute
 25 Fire Protection, Inc. Last alarm test was conducted on 11/19/25.
 26
 27
 28
 29 **Food Service:**
 30
 31 The kitchen was clean. The required two (2) days of perishable and seven (7) days
 32 of nonperishable were observed and stored separately from toxic/cleaning supply.

Health-Related Services and Disaster Preparedness:

Medications were reviewed. Medications are centralized stored and inaccessible to the residents. Last fire drill was performed on 2/27/26 and it was done quarterly in every shift. Emergency Disaster Plan LIC610E was observed. (-continued on LIC 809C-)

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros	
NAME OF LICENSING PROGRAM ANALYST: Bonnie Tao	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 03/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/05/2026

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 (Cont)

FACILITY NAME: HOLLENBECK PALMS

FACILITY NUMBER: 191800001

VISIT DATE: 03/05/2026

NARRATIVE

1 **Staff/ Residents Records review:**

2
3 Administrator certificate is current, and the expiration date is 10/10/27. Staff and
4 resident's records were reviewed and they were in compliance.
5

6 **Exit:**

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9 No deficiencies were noted during this visit per California Code of Regulations, Title
10 22, Division 6. Exit interview was conducted with Administrator Diana Macias-
11 Medina and LIC 809s were provided.
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