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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 195850520
Report Date: 08/13/2026
Date Signed: 08/13/2026 10:50:39 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364

FACILITY NAME:	FINE GOLD MANOR		FACILITY NUMBER:	195850520
ADMINISTRATOR/ DIRECTOR:	CRISTINA GOMEZ		FACILITY TYPE:	740
ADDRESS:	10537 MAGNOLIA BLVD.		TELEPHONE:	(818) 761-5777
CITY:	NORTH HOLLYWOOD	STATE: CA	ZIP CODE:	91601
CAPACITY: 100		CENSUS: 55	DATE:	08/13/2026
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	10:30 AM
MET WITH:	Cristina Gomez		TIME VISIT/ INSPECTION COMPLETED:	11:00 AM

NARRATIVE

Licensing Program Analyst (LPA) Trevor Byrne conducted an unannounced Case Management inspection regarding a self-reported Death Report (LIC 624). LPA arrived to the facility at 10:30 AM and met with the Administrator Christina Gomez entrance interview was conducted and the reason for the visit was explained.

On 12/26/2025, Community Care Licensing Division (CCLD) received a self-reported Death Report (LIC 624) pertaining to the death of Resident #1 (R1) which occurred on 12/24/2025.

During an interview with the Administrator on 12/29/2025 and during the initial visit regarding this incident on 12/30/2025 the Administrator stated that R1 was found unresponsive in the dining room by facility staff after having a snack in the evening of 12/24/2025. The Administrator stated that staff observed R1 unresponsive and immediately called 911 and attempted to assist R1. The Administrator stated that staff removed food debris from R1's mouth and began CPR. The Administrator stated that R1 was on a diabetic diet. The Administrator stated that R1 did not have any issues swallowing or with choking in the past. Interviews with facility staff confirmed that R1 was served a sandwich in the evening of 12/24/2025. LPA reviewed R1's LIC 602 (Physician's Report for Community Care Facilities) and observed R1's dietary restrictions to be listed as Ground NAS CCD/CCHO Diet. LPA contacted the skilled nursing facility that had completed the LIC 602. The on-duty nurse answered the call and explained that this type of diet refers to a diet where the food must be cut into small "Ground" pieces with no added salt "NAS" in a consistent carbohydrate intake "CCD/CCHO". LPA conducted a physical plant tour of the facility and observed the facility's kitchen.

CONTINUED ON LIC 809C.

Kasandra Lopez
Trevor Byrne

	**DATE:** 08/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	DATE: 08/13/2026

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 WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364

FACILITY NAME: FINE GOLD MANOR **FACILITY NUMBER:** 195850520

VISIT DATE: 08/13/2026

NARRATIVE

LPA observed a poster of clients who had special diets at the facility posted on the wall. LPA observed R1 to be listed under the “Diabetic Diet” section but did not observe any mention of Ground or NAS dietary restrictions for R1. On 06/25/2026 Community Care Licensing Division (CCLD) received the death certificate for R1 which listed R1’s cause of death as “Cardio Pulmonary Arrest” and “Myocardial Infarction.” No citations are being issued at this time related to R1’s death, as the cause of death appears to be of natural causes. Although, due to the facility not adhering to R1’s dietary restrictions, a citation of CCR 87555(b)(7) is being cited on today’s date (08/13/2026).

Pursuant to Title 22 of the CA Code of Regulations, the following deficiency was cited (refer to LIC 809-D): Exit interview conducted and copy of the report was issued and appeal rights provided.

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST: Trevor Byrne
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 08/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/13/2026

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Created By: Trevor Byrne On 08/13/2026 at 10:34 AM
Link to Parent Document Below:

FACILITY NAME: FINE GOLD MANOR **FACILITY NUMBER:** 195850520

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/13/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 08/14/2026 **Section Cited** CCR 87555(b)(7)	1 2 3 4 5 6 7	87555...Food Service Requirements (b) The following...shall apply: (7) Modified diets prescribed by a resident's physician as a medical necessity shall be provided. This requirement is not met as evidenced by:	1 2 3 4 5 6 7	Administrator agreed to submit a statement of understanding confirming that kitchen staff will adhere to resident's prescribed diets, that resident's prescribed diets will be accurately posted in the kitchen in a place where staff can easily view the dietary restriction list...
	8 9 10 11 12 13 14	Based on observation, interview, and record review the Licensee did not comply with the section cited above as the facility did not adhere to R1's Ground NAS CCD/CCHO Diet which posed an immediate health risk to clients in care.	8 9 10 11 12 13 14	...Administrator agreed to submit the statement to CCLD no later than POC due date.
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez

NAME OF LICENSING PROGRAM ANALYST: Trevor Byrne

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/13/2026