

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197602744
Report Date: 07/09/2024
Date Signed: 07/09/2024 02:46:41 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
FACILITY EVALUATION REPORT	

FACILITY NAME: TERRACES AT PARK MARINO, THE	FACILITY NUMBER: 197602744
ADMINISTRATOR/MARIA TERESITA QUIZON	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 2587 E. WASHINGTON BLVD.	TELEPHONE: (626) 798-6753
CITY: PASADENA	STATE: CA
CAPACITY: 112	ZIP CODE: 91107
TYPE OF VISIT: Case Management - Deficiencies	CENSUS: 96
	DATE: 07/09/2024
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 02:19 PM
MET WITH: Maria Quizon - Administrator	TIME VISIT/INSPECTION
	COMPLETED: 03:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Mary Flores conducted an unannounced plan of correction(POC) visit
2	at the facility to follow up on deficiencies noted on 6/6/24 during an annual visit. LPA met with Maria
3	Quizon and explained the reason for the visit.
4	
5	On 6/6/24 LPA conducted an annual visit at the facility and noted the following deficiency:
6	
7	Type A - Section 87309(a) - Storage Space: On 6/6/24 LPA observed cleaning solution in room #222
8	were a resident with dementia resides. On 7/9/24 LPA observed room #222 and cleaning solutions were
9	observed in the residents' night stand.
10	
11	Deficiency is being noted on LIC 809D per Title 22 Regulations.
12	
13	Exit interview was conducted with Maria Quizon and a copy of this report, LIC 809D, and appeal rights
14	were provided.
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25	

Mary G Flores



DATE: 07/09/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/09/2024

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

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Created By: Mary G Flores On 07/09/2024 at 02:32 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: TERRACES AT PARK MARINO, THE

FACILITY NUMBER: 197602744

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/09/2024

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 07/10/2024 Section Cited	1 87309 Storage Space: (a) 2 Disinfectants, cleaning solutions, 3 poisons, firearms and other items 4 which could pose a danger if readily 5 available to clients shall be stored 6 where inaccessible to clients. 7 This requirement is not met as evidenced by:		
	8 Based on observation, the licensee 9 did not comply with the section cited 10 above in LPA observed cleaning 11 solution on 7/9/24 in room #222 were 12 a resident with dementia resides 13 which poses an immediate health, 14 safety or personal rights risk to persons in care.	8 by POC due date 6/7/24. 9 10 11 12 13 14	
	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.

SUPERVISOR'S NAME:

Tony Vasallo

LICENSING EVALUATOR NAME:

Mary G Flores

LICENSING EVALUATOR SIGNATURE:



DATE: 07/09/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/09/2024