

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 197603952

Report Date: 02/23/2026

Date Signed: 02/23/2026 04:52:36 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
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FACILITY NAME: PROSPECT MANOR	FACILITY NUMBER: 197603952
ADMINISTRATOR/LYDIA PABION	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 800 PROSPECT AVE	TELEPHONE: (626) 799-1141
CITY: SOUTH PASADENA	STATE: CA ZIP CODE: 91030
CAPACITY: 99	CENSUS: 49 DATE: 02/23/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION 09:53 AM
	BEGAN: TIME VISIT/INSPECTION 04:59 PM
MET WITH: Lydia Pabion, Administrator	COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) Alberto Lopez conducted an unannounced annual visit at the facility
2	using the CARE inspection tool. LPA met with Lydia Pabion, Administrator and explained the reason for
3	the visit.
4	
5	Facility is licensed to serve 99 adults over the age of 60 years old, of which 35 may be non-ambulatory.
6	Facility has a hospice waiver for 4 and the following rooms are cleared for bedridden residents; 102 thru
7	110, 115 thru 119, and 123. LPA observed the following today:
8	
9	<b>1. Infection Control:</b> The facility staff are using appropriate hand hygiene and wearing gloves while
10	assisting the clients. Staff are cleaning and disinfecting each shift for high touched surface area. Facility
11	has sufficient PPE supplies and but does have an Infection Control Plan.
12	<b>2. Physical Plant and Environmental:</b> Facility is a two-story building with a commercial kitchen, a
13	dining room, an activity room, a courtyard, a medication room, a laundry room, front porch, and smoking
14	area in the back. LPA inspected the carbon monoxide/smoke detectors in random rooms and are
15	working probably. LPA tested the hot water temperature, and was tested between 105.4 – 121.5 degrees
16	F. which is not within the Title 22 regulation of 105.0 – 120.0 degrees F. All the cleaning supplies and
17	chemicals are locked and inaccessible to residents. The facility has sufficient personal hygiene products
18	for clients to use. All clients rooms are completely furnished with chairs and have required beddings. All
19	the bathrooms are clean, sanitized, and operational. The exit and passageway are safe and free of
20	obstruction. One soap dispenser is in need of repair, room 105 is missing slip mat, some window
21	screens need repair, and one shelf in storage room needs replacement. Small trash can first floor
22	restroom needs repair.
23	
24	(Continued on 809C)
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Lisa Hicks
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Alberto Lopez

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 02/23/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 02/23/2026

**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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**Created By: Alberto Lopez On 02/23/2026 at 04:04 PM**  
**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
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**FACILITY NAME:** PROSPECT MANOR

**FACILITY NUMBER:** 197603952

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 02/23/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87303(e)(2)</b>	
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**Maintenance and Operation**

(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on observation, the licensee did not comply with the section cited above. LPA tested the water temperature between 105.4 - 121.5 degrees F which is not within the required range of 105.0 -120 degrees F. which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	<b>POC Due Date:</b> 03/02/2026
	<b>Plan of Correction</b>
1	Licensee will adjust water and keep log for 3 days and send to LPA as proof of correction by POC due date.
2	
3	
4	

		<b>Section Cited</b>			
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	<b>Deficient Practice Statement</b>
1	
2	
3	
4	
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
1	
2	
3	
4	

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

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Lisa Hicks
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ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature box]

DATE: 02/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature box]

DATE: 02/23/2026

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Created By: Alberto Lopez On 02/23/2026 at 04:13 PM

Link to Parent Document Below:

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FACILITY NAME: PROSPECT MANOR

FACILITY NUMBER: 197603952


DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/23/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87303(a)	
87303(a)					
(a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.					
This requirement is not met as evidenced by:					
<b>Deficient Practice Statement</b>					
1 2 3 4	Based on observation, the licensee did not comply with the section cited above. Facility has one shelf broken in the supply room. One sliding door is broken in room 108 which poses a potential health, safety or personal rights risk to persons in care.				
<b>POC Due Date:</b> 03/02/2026					
<b>Plan of Correction</b>					
1 2 3 4	Licensee will repair sliding door in room 108 and replace the broken shelf in the storage room by POC date and send proof to LPA.				

	Section Cited				
<b>Deficient Practice Statement</b>					
1 2 3 4					
<b>POC Due Date:</b>					
<b>Plan of Correction</b>					
1 2 3 4					

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Lisa Hicks
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Alberto Lopez
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 02/23/2026

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 02/23/2026

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

**FACILITY NAME:** PROSPECT MANOR

**FACILITY NUMBER:** 197603952

**VISIT DATE:** 02/23/2026

**NARRATIVE**

1 (continued from 809)

2 **3. Operational Requirements:** The facility maintains a fire clearance approved by the fire department.

3 Facility Has hospice waiver for four (4) The facility has shaded area with table and chairs for residents to

4 utilize for outdoor activity. The last fire/disaster drill was conducted on 02/03/2026. LPA reviewed and

5 verified facility liability insurance which expires on 12/18/2026

6

7 **4. Staffing:** The facility has sufficient staff, and the night supervision staff did receive planned

8 emergency training.

9

10 **5. Personnel Record-Training:** All the staff files are maintained in the facility. Staff employed are over

11 the age of 18 and are fingerprint cleared and associated to the facility. The administrator Lydia Pabion

12 certificate expires on 08/10/2027. All the direct care staff received Medication Management Training.

13 The first aid training certificates for staff are current.

14

15

16 **6. Resident Records-Incident Reports:** Resident files are maintained at the facility and have the

17 following documents in their files - Admission Agreements, Identification & Emergency Information,

18 current Physician's Report, Pre-admission appraisal/Appraisal Needs & Services Plan.

19 **7. Resident Rights-Information:** The Complaint, ombudsman and Residents personal rights are

20 posted by the main entry. Visiting hours were posted at facility.

21 **8. Planned Activities:** Facility has sufficient space to accommodate indoor and outdoor activities. There

22 are sufficient supplies and equipment to meet resident's physical capability.

23 **9. Food Service:** The kitchen was inspected and has sufficient supply of 2-day perishable & 7-day non-

24 perishable food. Kitchen, food preparation area, and storage areas were observed to be clean and

25 sanitary. The food is properly stored in the refrigerator (clean, labeled and well maintained). Pesticides

26 and cleaning supplies are kept away from the food preparation areas. Kitchen is kept clean and free

27 from rodents.

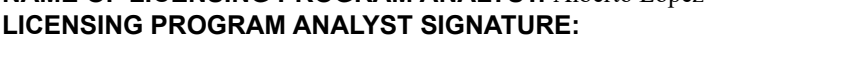
28 **10. Incidental Medical & Dental:** The medications are centrally stored in original containers. During the

29 visit today, LPA reviewed five (5) residents' medication files, and all medications are administered

30 according to Doctor's orders.

31

32 (continue on 809C)

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Lisa Hicks
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Alberto Lopez
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 02/23/2026

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
GREATER LA AC/SC, 1000 CORPORATE CNTR  
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# FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: PROSPECT MANOR

FACILITY NUMBER: 197603952

VISIT DATE: 02/23/2026

## NARRATIVE

1 (continued from 809C)  
2  
3

4 **11. Disaster Preparedness:** The facility has an Emergency Disaster and Mass Casualty Plan containing  
5 emergency evacuation, storage and preservation of medications, The facility conducts emergency drill  
6 on a quarterly basis for all staff and residents. Facility needs to update emergency disaster plan to  
7 include additional relocation location.

8 **12. Residents with Special Health Needs:** No residents have prohibited health conditions.

9 Deficiencies observed during today's visit. Technical Violations and advisory issued. An exit interview  
10 was held. A copy of this report, 809D technical violations, advisory, and appeal rights were provided.  
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NAME OF LICENSING PROGRAM MANAGER: Lisa Hicks

NAME OF LICENSING PROGRAM ANALYST: Alberto Lopez

LICENSING PROGRAM ANALYST SIGNATURE:

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