

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 197606145

Report Date: 03/04/2022

Date Signed: 03/04/2022 05:55:07 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	ARCADIA GARDENS RETIREMENT HOTEL	FACILITY NUMBER:	197606145
ADMINISTRATOR:	PAT REDNER	FACILITY TYPE:	740
ADDRESS:	720 W. CAMINO REAL	TELEPHONE:	(626) 574-8571
CITY:	ARCADIA	STATE: CA	ZIP CODE: 91007
CAPACITY:	200	CENSUS: 180	DATE: 03/04/2022
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME BEGAN:	01:00 PM
MET WITH:	Pamela Parsons, Administrator Julie Chirikian, Licensee	TIME COMPLETED:	05:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Tao conducted an unannounced annual inspection visit. LPA met with
2	Administrator, Pamela Parsons, and Licensee, Julie Chirikian. Administrator assisted LPA with the visit.
3	The facility is licensed to serve for a capacity of 200 non- ambulatory residents including 25 bedridden
4	residents, ages 60 and above. The facility has an approved Hospice Waiver on file for twenty three (23)
5	residents. Currently, fourteen (14) residents on Hospice. Facility has an approved Dementia Care Plan
6	in their plan of operation and accept residents with dementia. Facility does not handle residents'
7	moneys. Annual licensing fee is current. Administrator certificate is current and expires on 07/31/22.
8	
9	During the visit, the infection control domain tool was used, a tour of the facility was conducted, food
10	supply was reviewed, and medications were reviewed.
11	
12	The facility is located in a residential neighborhood, consists of three floors/levels and has 186 resident
13	bedrooms and bathrooms. Resident bedrooms, memory care unit, recreation/activity rooms, beauty
14	shop, storage rooms, employee lounge, library and laundry rooms are located at the lower level.
15	Reception/lounge area, resident bedrooms, dining room, kitchen, multiple offices, recreation/activity
16	rooms and laundry room are located at main level. Upper level consists of resident bedrooms, nurse's
17	office, penthouse, recreation/activity rooms and laundry room.
18	
19	A physical tour was conducted. LPA toured resident rooms in random on each floor in building sections
20	A, B, C, D, E and F. Residents' rooms were well furnished and in compliance. Bathrooms inspected
21	were clean, operable, with the required grab bars and non-skid materials in the shower. Hot water
22	temperature was in a range of 105.2 - 114.8 degrees Fahrenheit which was within Title 22 Regulation
23	guidelines. Adequate linen and personal hygiene supplies was observed. The resident rooms have a
24	signal systems located in each restroom and facility phones to call the front desk. The signal system
25	was tested in different resident's room on each level and was operable. Staff arrived at residents' rooms
	to respond the calls in a range of 3 to 5 minutes. (-continued in LIC 809 C-)

Fernando Fierros  
Bonnie Tao



DATE: 03/04/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/04/2022

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

LIC809 (FAS) - (06/04)

Page: 1 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1000 CORPORATE CNTR  
DR. ST 500  
MONTEREY PARK, CA 91754

## FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: ARCADIA GARDENS RETIREMENT  
HOTEL

FACILITY NUMBER: 197606145

VISIT DATE: 03/04/2022

### NARRATIVE

1 No firearms on the premises. Facility had central air and heating accommodations in the common areas.  
2 Facility maintained a comfortable temperature for residents. Auditory alarm devices to monitor exits  
3 were operable at the memory care unit at the lower level. Interior and exterior space was available to  
4 permit residents to wander freely and safely.  
5  
6 Sufficient supply of perishable and nonperishable foods is observed. Knives, tools, sharp items are  
7 inaccessible to residents. Food is stored in covered containers at the appropriate temperatures. No  
8 pesticides or poisons are stored in the food areas.  
9  
10 The last Fire/Emergency Drill is conducted on 01/11/22. Smoke detectors and carbon monoxide  
11 detectors are operable. Fire extinguishers has the last service on 01/12/22, are fully charged and in  
12 compliance. The carbon monoxide detectors are operable and in compliance. The front grounds of the  
13 facility are well landscaped and have a leveled walkway to the entrance. Outside grounds were toured  
14 and pool/spa area with self latching fenced gate is observed. The outdoor activity area has a shaded  
15 patio with ample seating.  
16  
17 Medications are centrally stored and locked in the nurse's office on the upper level. First aid kit is fully  
18 stocked. Mandated documents and signages are posted in common areas. Resident records are stored  
19 in a locked cabinet and inaccessible to residents. Toxic substances are inaccessible to residents.  
20  
21 Deficiencies were observed and cited per California Code of Regulations, Title 22.  
22  
23 An exit interview was conducted. This report is discussed and provided to facility Administrator, whose  
24 signature on this form confirm receipt of these documents. A copy of appeal rights was provided.  
25  
26  
27  
28  
29  
30  
31  
32

SUPERVISOR'S NAME: Fernando Fierros

LICENSING EVALUATOR NAME: Bonnie Tao

LICENSING EVALUATOR SIGNATURE:

DATE: 03/04/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/04/2022

LIC809 (FAS) - (06/04)

Page: 2 of 3

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**Citations on this Visit Report are Under Appeal!**

Created By: Bonnie Tao On 03/04/2022 at 04:39 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:** ARCADIA GARDENS RETIREMENT HOTEL

**FACILITY NUMBER:** 197606145

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 03/04/2022

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

<b>Under Appeal</b>	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87303(a)</b>						
Maintenance and Operation										
(a) The facility shall be clean, safe, sanitary and in good repair at all times.										
This requirement is not met as evidenced by:										
<b>Deficient Practice Statement</b>										
1	A hole located above the shower host in residents' bathroom in resident room # 110 and #104 was observed. The hole was taped with a piece of tape.									
2	Based on observation, the licensee did not comply with the section cited above which poses/posed a potential health, safety or personal rights risk to persons in care.									
3										
4										
<b>POC Due Date:</b> 03/10/2022										
<b>Plan of Correction</b>										
1	Administrator agreed to repair and patch the hole located above the shower host in residents' bathroom in resident room # 110 and #104 by POC due date.									
2										
3										
4										

	<b>Section Cited</b>
<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>SUPERVISOR'S NAME:</b>	Fernando Fierros
<b>LICENSING EVALUATOR NAME:</b>	Bonnie Tao
<b>LICENSING EVALUATOR SIGNATURE:</b>	
	<b>DATE:</b> 03/04/2022
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 03/04/2022

