

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197606145

Report Date: 02/10/2026

Date Signed: 02/10/2026 03:59:48 PM

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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: ARCADIA GARDENS RETIREMENT HOTEL	FACILITY NUMBER: 197606145
ADMINISTRATOR/PAMELA PARSONS DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 720 W. CAMINO REAL	TELEPHONE: (626) 574-8571
CITY: ARCADIA STATE: CA	ZIP CODE: 91007
CAPACITY: 200	CENSUS: 189 DATE: 02/10/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION 08:36 AM
MET WITH: Administrator, Pamela Parsons	BEGAN: TIME VISIT/INSPECTION 03:43 PM
	COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) Vaid conducted an unannounced annual inspection visit. LPA met with
2	Director of Nursing Suzana Zadourian. Nursing director assisted LPA with the visit and facility tour.
3	Administrator, Pamela Parsons, arrived shortly after and assisted with the facility tour.
4	
5	The facility is licensed and has Fire clearance approval to serve for a capacity of 175 non- ambulatory
6	residents including 25 bedridden residents, ages 60 and above. The facility has an approved Hospice
7	Waiver on file for twenty-three (23) residents. Eighteen (18) residents currently on Hospice. Facility has
8	an approved Dementia Care Plan in their plan of operation and accept residents with dementia. Facility
9	does not handle residents' monies.
10	
11	During the visit, a tour of the facility, review records and interviews with staff and residents' consisted of
12	the following:
13	1. Infection Control: Infection control practices were observed. Infection control plan is on file.
14	
15	2. Physical Plant/Environment Safety: The facility is in a residential neighborhood, consists of three
16	floors and has 189 resident bedrooms and 189 resident bathrooms.
17	Level 1 has resident bedrooms, memory care unit, recreation/activity rooms, beauty shop, storage
18	rooms, employee lounge, library, and laundry rooms.
19	2nd level is memory care, reception/lounge area, resident bedrooms, dining room, kitchen, multiple
20	offices, recreation/activity rooms and laundry rooms.
21	3rd level consists of resident bedrooms, nurse's office, medication room, penthouse, recreation/activity
22	rooms and laundry rooms.
23	CONTINUED ON 809C.....
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros
NAME OF LICENSING PROGRAM ANALYST: Sanjay Vaid

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 02/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/10/2026

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: ARCADIA GARDENS RETIREMENT HOTEL **FACILITY NUMBER:** 197606145

VISIT DATE: 02/10/2026

NARRATIVE	
1	A physical tour was conducted. LPA randomly toured resident rooms on each floor in building sections A,
2	B, C, D, E and F. Residents' rooms were well furnished and in compliance. Bathrooms inspected were
3	clean, operable, with the required grab bars and non-skid materials in the shower. Hot water
4	temperature was in a range of 105.0 – 120.0 degrees Fahrenheit which was within Title 22 Regulation
5	guidelines. Adequate linen and personal hygiene supplies was observed. The resident rooms are
6	equipped with a signal system located in each restroom and facility phones to call the front desk.
7	Facility had central air and heating accommodations in the common areas. Facility maintained a
8	comfortable temperature for residents. Auditory alarm devices to monitor exits are operable at the
9	memory care unit at the lower level. Interior and exterior space is available to permit residents to walk in
10	safe and comfortable environments.
11	
12	3. Operational Requirements: The Program Design was reviewed.
13	Fire clearance approved for 175 non- ambulatory residents, 25 bedridden residents, ages 60 and over.
14	Floor of bldg. F & second floor of bldg. F cleared for dementia wings/ with delayed egress. Each
15	dementia unit consisting of 11 rooms. May retain twenty-three (23) Hospice residents. Eighteen (18)
16	residents currently on Hospice.
17	Care and supervision to meet the residents' needs was observed.
18	Liability insurance expires 02/28/2026.
19	
20	4. Staffing: One hundred and two (102) full-time staff and twenty nine (29) part-time staff members
21	provide care and supervision to the residents.
22	
23	5. Personnel Records/Staff Training:
24	Five (5) staff files were reviewed for criminal background clearance and training.
25	All Five (5) staff records reviewed have a health screening with a Tuberculosis clearance, and five (5)
26	staff have First Aid/CPR training that are active.
27	Administrator certificate is current and expires on 07/31/2026.
28	
29	6. Incident Medical and Dental:
30	All residents have an Appraisal/Needs and Services Plan on file.
31	Staff training was on file.
32	CONTINUED ON 809C.....

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros	
NAME OF LICENSING PROGRAM ANALYST: Sanjay Vaid	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 02/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/10/2026
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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
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FACILITY NAME: ARCADIA GARDENS RETIREMENT
HOTEL

FACILITY NUMBER: 197606145

VISIT DATE: 02/10/2026

NARRATIVE

1 **7. Resident Rights/Information:** Physician orders were reviewed for five six (6) resident files.
2 Medications were also reviewed for six (6) residents.
3 Medications are centrally stored and locked in the nurse's office on the third floor. First aid kit is fully
4 stocked. Mandated documents and signages are posted in common areas. Resident records are stored
5 in a locked cabinet and inaccessible to residents.
6
7 **8. Resident Records/Incident Reports:** Six (6) resident files were reviewed containing admission
8 agreements, Physician's Report, medical/functional assessments, Needs and Services Plans, TB
9 clearance, Appraisal/Needs and Services Plan, personal rights, medical consent, and medication
10 records were reviewed. Resident records are stored in a locked cabinet and inaccessible to residents.
11
12 **9. Food Service:** The kitchen was inspected and has sufficient supply of 2-day perishable & 7-day non-
13 perishable food. Kitchen, food preparation area, and storage areas were observed to be clean and
14 sanitary. Staff is adhering to residents' meal plans as per physicians orders for mechanical/ diabetic
15 diets
16 Sufficient food supply of perishable and nonperishable foods is observed. Knives, tools, sharp items are
17 inaccessible to residents. Food is stored in covered containers at the appropriate temperatures.
18 Pesticides or poisons are not stored in the food areas, stored in separate closet inaccessible to
19 residents. Freezer and refrigerator has required temperatures, which was within Title 22 Regulation
20 guidelines.
21
22 **10. Disaster Preparedness:** Emergency and Disaster Plan (LIC610E) was found in the facility.
23 The last Fire/Emergency Drill are conducted quarterly on by third-party company on 11/08/25 PM and
24 NOC shift. 11/10/2025 AM shift safety drills were conducted. Smoke and carbon monoxide detectors are
25 operable and in compliance. Fire extinguishers were last serviced on 02/06/26 are fully charged and in
26 compliance.
27
28 **11. Planned Activities:** Sufficient Space is provided to accommodate both indoor and outdoor activities.
29 Sufficient equipment and supplies are provided to meet the requirements of the activity program. The
30 front grounds of the facility are well landscaped and have a leveled walkway to the entrance. Outside
31 grounds were toured and pool/spa area with self-latching fenced gate was observed. The outdoor
32 activity area has a shaded patio with ample seating.

12. Residents with Special Health Care Needs: Eighteen (18) residents are receiving hospice
services.
There is an adequate number of staff to support each resident's physical, social, emotional, safety and
health care needs as identified in his/her appraisal.

Per California Code of Regulations, Title 22, and California Health and Safety Code, no deficiencies
were observed during the visit. Exit interview was held with Administrator and a copy of annual facility
inspection report was provided.

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros

NAME OF LICENSING PROGRAM ANALYST: Sanjay Vaid

LICENSING PROGRAM ANALYST SIGNATURE:

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