

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197606540

Report Date: 01/29/2026

Date Signed: 01/29/2026 03:03:36 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: LA VERNE MANOR	FACILITY NUMBER: 197606540
ADMINISTRATOR/JOHN MICHAEL TANADA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 2555 6TH STREET	TELEPHONE: (909) 593-4567
CITY: LA VERNE	STATE: CA
CAPACITY: 80	ZIP CODE: 91750
TYPE OF VISIT: Required - 1 Year	CENSUS: 35
	DATE: 01/29/2026
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 09:27 AM
MET WITH: John Micheal Tanada. Administrator	TIME VISIT/INSPECTION
	COMPLETED: 03:12 PM

NARRATIVE

1 Licensing Program Analysts (LPAs) Alberto Lopez and Gabriela Castro conducted an unannounced
2 Annual Required Visit. LPA met with John Michael Tanada and explained the purpose of the visit.
3
4 This facility is licensed to serve 50 Ambulatory and 30 Non-Ambulatory residents (age 60 and above).
5 Resident rooms #1 through #19, Room #24, Room #30, and Room #38 are cleared for non-Ambulatory
6 residents only. Facility is approved for 8 hospice residents.
7
8 LPAs utilized the Compliance and Regulatory Enforcement (CARE) tools for the visit today and
9 observed the following:
10
11 **Infection Control:** Facility does have an Infection Control Plan in place.
12
13
14 **Operational Requirements:** Facility is adhering to the operational requirements.
15
16 **Physical Plant & Environment Safety:** LPA toured facility grounds. Carbon Monoxide detectors were
17 tested and operable. Fire extinguishers are located throughout the building and serviced. Signal system
18 (alert/notification goes to the nurses station). Hot water temperature measured between 121.5 – 124.0
19 which is not within regulations of 105.0 – 120.0 degrees. Bathrooms have non-skid surfaces and grab
20 bars.
21
22
23 **Staffing:** Facility is adhering to staffing requirements.
24
25 **continued LIC 809C**

NAME OF LICENSING PROGRAM MANAGER: Lisa Hicks
NAME OF LICENSING PROGRAM ANALYST: Alberto Lopez

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/29/2026

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.

LIC809 (FAS) - (09/23)

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Created By: Alberto Lopez On 01/29/2026 at 02:33 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	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: LA VERNE MANOR

FACILITY NUMBER: 197606540

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/29/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87303(e)(2)	
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Maintenance and Operation

(e) Water supplies and plumbing fixtures shall be maintained as follows: (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:

	Deficient Practice Statement
1	Based on observation, the licensee did not comply with the section cited above Water temperature measure between 121.5 to 124.0] which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 01/30/2026
	Plan of Correction
1	Administrator will adjust water temperature and keep a log for three days and send to LPA ad proof of correction.
2	
3	
4	

		Section Cited			
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	Deficient Practice Statement
1	
2	
3	
4	
	POC Due Date:
	Plan of Correction
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.

NAME OF LICENSING PROGRAM MANAGER:	Lisa Hicks
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ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature box]

DATE: 01/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature box]

DATE: 01/29/2026

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MONTEREY PARK, CA 91754

FACILITY NAME: LA VERNE MANOR

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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/29/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Table with columns: Type B, Section Cited, CCR, 87303(a)

Maintenance and Operation


(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:

Deficient Practice Statement
1 Based on observation, the licensee did not comply with the section cited above. Debris around the perimeter of facility. Eaves need repair and paint on one side of facility which poses/posed a potential health, safety or personal rights risk to persons in care.
POC Due Date: 02/26/2026
Plan of Correction
1 Licensee will repair eaves and dispose of debris around outside of perimeter and send LPA pictures as proof.

Table with columns: Section Cited

Deficient Practice Statement
1
2
3
4
POC Due Date:
Plan of Correction
1
2
3
4

NAME OF LICENSING PROGRAM MANAGER:	Lisa Hicks
NAME OF LICENSING PROGRAM ANALYST:	Alberto Lopez
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/29/2026

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	DATE: 01/29/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
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FACILITY NAME: LA VERNE MANOR

FACILITY NUMBER: 197606540

VISIT DATE: 01/29/2026

NARRATIVE

1 (continued from 809)

2 **Personnel Records-Training:** Staff files are maintained at the facility. LPAs reviewed staff files for Facility

3 Administrator/S-1 through Staff #4 (S-4). Staff have current First Aid/CPR certification. Staff have their Health

4 Screening and Tuberculosis Screening on file. Staff are also trained in Abuse Reporting and Resident Rights.

5 **Resident Rights-Information:** Resident rights are posted and included in Resident files.

6

7 **Planned Activities:** Activity schedule is posted.

8

9 **Food Service:** There are sufficient food supplies of 2-day perishable and (1) week of non-perishable items. The

10 food is properly stored in the refrigerator. Posted menu observed near the dining room. Pesticides and cleaning

11 supplies are kept away from the food preparation areas. Kitchen is kept clean and free from rodents and other

12 vermin. Plates, cups and utensils are kept clean and stored properly. Dining areas have adequate seating.

13

14 **Resident Records-Incident Reports:** LPAs reviewed Resident files for Resident #1 (R-1) through Resident #4(R-

15 4). Resident files are maintained at the facility. Admission Agreement, Physician's Report (including T.B and

16 Ambulatory Status), Consent for Medical Treatment, Appraisal Information, Appraisal/Needs and Services Plan,

17 Resident Rights were observed.

18

19 **Disaster Preparedness:** The facility has a Disaster Preparedness plan in place but needs updating.

20

21 **Residents with Special Health Needs: Per** Administrator, there are no residents with postural supports and no

22 residents with prohibited health conditions. No resident currently on Hospice.

23

24 **Health Related Services/Incidental Medical Services:** The medications are stored and locked inside the

25 medication room. Medications are administered as prescribed. Medication Administration is documented in a

26 Medication Administration Record (MAR) log. One PRN was missing label.

27


28 Deficiencies cited, technical Violations provided. Exit interview conducted, copy of appeal rights and a copy of

29 this report were provided to John Michael Tanada (Administrator).

30

31

32

NAME OF LICENSING PROGRAM MANAGER:	Lisa Hicks
NAME OF LICENSING PROGRAM ANALYST:	Alberto Lopez
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/29/2026

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

