

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197607034
Report Date: 06/16/2026
Date Signed: 06/16/2026 05:29:42 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	CARDINAL YU-PIN MANOR	FACILITY NUMBER:	197607034
ADMINISTRATOR/KUN HU		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	15602 BELSHIRE AVENUE	TELEPHONE:	(562) 926-1289
CITY:	NORWALK	STATE: CA	ZIP CODE: 90650
CAPACITY:	49	CENSUS: 30	DATE: 06/16/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	10:09 AM
MET WITH:	Assistant Administrator-Pinshi Liu	BEGAN: TIME VISIT/INSPECTION	05:15 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst(LPA) Elena Mallett conducted an annual visit to the facility. LPA was met by staff in charge Juli Chen and explained the purpose of the visit. Staff Juli contacted Administrator Kun Hu by telephone and Administrator Hu joined the visit shortly after.
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5	This facility is licensed to serve (49) Non- Ambulatory resident's age 60 and above. The facility may retain one bedridden resident in room#11. Hospice waiver approved for five (5) resident's. The facility consists of a single level building with (35) resident bedrooms, with private bathrooms, an activity room, chapel, laundry room, common shower area, facility kitchen and dining room area. There are (2) offices, a medication room, and a courtyard.
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9	LPA utilized the Compliance and Regulatory Enforcement (CARE) tools for the visit today's visit and the initial visit and observed the following:
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13	Infection Control: The facility staff are using appropriate hand hygiene and gloves while assisting residents. Staff are cleaning and disinfecting throughout the day. Facility has sufficient PPE supplies and has an Infection Control Plan maintained at the facility and a designated Infection Control Lead.
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17	Operational Requirements: The facility has an approved fire clearance, there is a plan of operation with required Infection Control Plan and facility maintains the required current liability insurance.
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21	Continued on 809-C
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NAME OF LICENSING PROGRAM MANAGER:	Fernando Fierros
NAME OF LICENSING PROGRAM ANALYST:	Elena Mallett

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/16/2026

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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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: CARDINAL YU-PIN MANOR	FACILITY NUMBER: 197607034
	VISIT DATE: 06/16/2026

NARRATIVE	
1	Staffing: There appears to be sufficient staffing at all times in the facility. The night staff that is trained
2	and able to assist in care and supervision of the residents in the case of an emergency.
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4	Personnel Records-Training: Staff files are kept in a secure location. LPA reviewed 5 staff files. Files
5	were reviewed for Criminal Record Clearance, Health Screening, Current First Aid and CPR as well as
6	initial and ongoing training for care of the Elderly. No issues were observed. Administrator's certificate is
7	current until 10/10/27.
8	
9	Resident Records-Incident Reports: Resident files are kept in a secure location and have the
10	following documents in their files - Pre-admission appraisal/Appraisal Needs & Services Plan, Medical
11	Consent, Admission Agreements, Identification & Emergency Information and Physician's Report. LPA
12	reviewed Resident Files and deficiencies were observed. See 809-D
13	
14	Residents Rights-Information: Residents are provided with telephone and internet at the facility. All
15	the required postings were observed.
16	
17	Planned Activities: Facility offers activities like games, food making, chair exercises, reading and a
18	central TV viewing area for residents to enjoy together. There is an outdoor furnished patio area
19	available for the residents.
20	
21	Food Service: The kitchen was observed for the ability to prepare and serve food. LPA observed an
22	appropriate food supply of two (2) days of perishables and one week (7 days) of non-perishables. Food
23	was stored separately from cleaners, toxins and poisons. Appliances were observed to be operable and
24	able to properly store and prepare food.
25	
26	Incidental Medical & Dental: Medication is properly labeled and are centrally stored in a locked room
27	and are in their original containers. LPA reviewed 4 residents' medications and there were no issues
28	observed.
29	
30	Disaster Preparedness: The facility has an Emergency Disaster Plan with contact numbers and at
31	least 2 relocation sites. Emergency food and water were observed. Several flashlights and a full First Aid
32	kit and Manual were available. The disaster plan was recently updated by Administrator but needs more
	detail. Administrator will send revised version to LPA. Disaster drills are conducted twice a year rather
	than quarterly per Administrator and a log of both drills was not provided to LPA. A deficiency was cited.
	See 809-D

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros	
NAME OF LICENSING PROGRAM ANALYST: Elena Mallett	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/16/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/16/2026

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** CARDINAL YU-PIN MANOR**FACILITY NUMBER:** 197607034**VISIT DATE:** 06/16/2026**NARRATIVE**

1 **Residents with Special Health Needs:** Facility has recommended documents on residents with home
2 health services and have ongoing communication with home health agencies.
3
4 Facility maintains current Liability Insurance.
5
6 Due to time constraints the other Domains remaining in the CARE tool will be completed at a later date.
7
8 Per California Code of Regulations and Title 22, deficiencies were observed during today's visit and are
9 documented on the 809(D).
10
11 Administrator Kun Hu had to leave before the conclusion of the visit. Assistant Administrator Pinshi Liu
12 assisted LPA with the remainder of the visit.
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14 Exit interview was held with Assistant Administrator Pinshi Liu and a copy of this Licensing report was
15 provided along with Appeal Rights
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NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros**NAME OF LICENSING PROGRAM ANALYST:** Elena Mallett**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 06/16/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 06/16/2026**Document Has Been Signed on 06/16/2026 05:29 PM - It Cannot Be Edited****Created By: Elena Mallett On 06/16/2026 at 04:44 PM**
Link to Parent Document Below:**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** CARDINAL YU-PIN MANOR**FACILITY NUMBER:** 197607034**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 06/16/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87458(c)(1)(A)	
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Medical Assessment

(c) The medical assessment shall include, but not be limited to: (1) A physical examination of the resident indicating the licensed medical professional's diagnosis or diagnoses and results of an examination for all of the following: (A) Communicable tuberculosis.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in 3 out of 5 resident files reviewed did not contain a TB test(Residents 3,4,5)t which poses/posed a potential health, safety or personal rights risk to persons in care.
POC Due Date: 06/30/2026	
Plan of Correction	
1 2 3 4	By POC due date Administrator will Fax to LPA TB tests for Residents 3, 4 and 5 demonostrating no presence of TB.

	Type B	Section Cited	CCR	87463(a)	
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Reappraisals

(a) The pre-admission appraisal, as specified in Section 87457, Pre-Admission Appraisal, shall be updated, in writing as frequently as necessary or once every 12 months, whichever occurs first, to note significant changes in condition, as defined in Section 87101, Definitions, and to keep the appraisal accurate. For the purposes of this section, the updated pre-admission appraisal shall be referred to as the reappraisal.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in 2 out of 5 resident files reviewed contained resident reappraisals over a year old (Residents 3 and 4) which poses/posed a potential health, safety or personal rights risk to persons in care.
POC Due Date: 06/30/2026	
Plan of Correction	
1 2 3 4	BY POC due date Administrator will Fax to LPA current reappraisals for Residents 2 and 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.

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FACILITY EVALUATION REPORT (Cont)

COMMUNITY CARE LICENSING DIVISION
1000 CORPORATE CNTR DR. ST 500
MONTEREY PARK, CA 91754

FACILITY NAME: CARDINAL YU-PIN MANOR

FACILITY NUMBER: 197607034

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/16/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.695(c)	
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Other Provisions

(c) A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on interview and record review, the licensee did not comply with the section above in that facility files did not contain documentation of quarterly disaster drills which poses/posed a potential health, safety or personal rights risk to persons in care.
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3	
4	
	POC Due Date: 06/30/2026
	Plan of Correction
1	By POC due date Administrator will fax to LPA a signed statement of understanding of the above regulation.
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4	

		Section Cited			
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	Deficient Practice Statement
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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.

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