

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197607290

Report Date: 11/06/2025

Date Signed: 11/07/2025 08:55:21 AM

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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:	GENESIS MANOR V	FACILITY NUMBER:	197607290
ADMINISTRATOR/DIRECTOR:	DAVID E. MARKIE	FACILITY TYPE:	740
ADDRESS:	550 BETHANY CIRCLE	TELEPHONE:	(909) 262-9802
CITY:	CLAREMONT	STATE:	CA
CAPACITY:	6	ZIP CODE:	91711
TYPE OF VISIT:	Required - 1 Year	CENSUS:	5
		DATE:	11/06/2025
		UNANNOUNCED TIME VISIT/INSPECTION	02:40 PM
		BEGAN:	
MET WITH:	David E. Markie, Administrator	TIME VISIT/INSPECTION	05:20 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Gabriela Castro conducted an unannounced required annual visit
 2 using the Compliance and Regulatory Enforcement (CARE) Tool. LPA was greeted by Anthonilla Gomez
 3 and explained the reason for the visit. Administrator David E. Markie arrived shortly thereafter.
 4

5 The home is licensed to serve 6 residents ages range 60 and over, six (6) non-ambulatory of which one
 6 (1) may be bedridden. Facility is approved to accept/retain four (4) hospice residents.
 7

8 There was one (1) resident under hospice care at the time of the inspection.
 9

12 Facility Tour & Observations:

13
 14 Personal Rights postings (LIC 613C and Ombudsman), Complaint Poster (PUB 475), and
 15 nondiscrimination notice were observed in a common area. Residents had access to personal space,
 16 privacy, and adequate storage. No firearms/weapons were present.
 17

18 Physical Plant

19
 20
 21 The facility is located in a residential area and is a one-story home consisting of five (5) resident
 22 bedrooms, two (2) bathrooms, living room, kitchen, dining area, attached garage, front yard, and
 23 backyard. LPA observed four (4) resident bedrooms as one was vacant, and all contained the required
 24 furniture (bed, mattress, linens, dresser, chair, and lighting). A caregiver corridor is also present and has
 25 its own entrance accessible through the backyard. Cleaning supplies and toxic substances are
 inaccessible to residents in locked cabinets in the garage as well as within other locked cupboards in the
 kitchen and restrooms.

NAME OF LICENSING PROGRAM MANAGER: David Sicairos

NAME OF LICENSING PROGRAM ANALYST: Gabriela Castro

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/06/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/06/2025

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 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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION MONTEREY PARK ASC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754</p>
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FACILITY NUMBER: 197607290

VISIT DATE: 11/06/2025

NARRATIVE	
1 2 3 4 5 6 7	<p>Bathrooms were clean and equipped with the required grab bars in showers and near toilets, as well as non-skid mats. Hot water measured 118.9°F in bathroom (1) and 112.8°F in bathroom (2), which is within the required range of 105°F – 120°F. Extra linens and towels were available in hallway cabinets. Smoke and carbon monoxide detectors were tested and found to be operational. A fire extinguisher was observed in the living room area near the front entrance. No bodies of water were present on the premises. The backyard provided shaded seating, and all passageways and exits were observed to be clear and unobstructed.</p>
8	<p>Food Service</p>
9 10 11 12 13	<p>Refrigerators/freezers were maintained at proper temperatures (refrigerators maximum of 40 degrees°F and freezer 0-degree°C) with sufficient supply of 2-day perishable and 7 days non-perishable food. Fresh produce, proteins, and dry goods were stocked. Knives and cleaning supplies were observed in a locked kitchen cabinet under the sink.</p>
14	
15	<p>Health-Related Services & Records</p>
16 17 18 19 20 21	<p>Five (5) residents files were reviewed and contained current required documents Admissions Agreements, Pre-Placement Appraisals, Consents, Needs/Service Plans, Physician’s Reports with TB/ambulatory status and Rights acknowledgments. Three (3) residents’ medications were reviewed; medications were observed to be centrally stored in a locked living room closet. MAR logs were observed to be current.</p>
22	
23	<p>Disaster Preparedness</p>
24 25 26 27	<p>Last emergency drill was conducted on October 29, 2025, with logs available. LIC 610D Emergency Disaster Plan was available and updated. Emergency supplies (water, food, flashlights, batteries, first aid) were observed in the garage. Infection Control Plan was updated.</p>
28	
29	<p>Personnel Records & Training</p>
30 31 32	<p>Three (3) staff files were reviewed and included criminal record clearances, CPR/First Aid, required training and TB screenings. Administrator Certificate for David E. Markie was valid through April 23, 2026.</p>
	<p>Insurance</p>
	<p>Liability insurance was in compliance with an expiration date of June 15, 2026.</p>
	<p>An exit interview was conducted with the Administrator David Markie. During the inspection, the facility was observed to be following Title 22, Division 6 regulations. No deficiencies were cited at this time. A copy of the report will be provided via email.</p>

NAME OF LICENSING PROGRAM MANAGER: David Sicairos

NAME OF LICENSING PROGRAM ANALYST: Gabriela Castro

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 11/06/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/06/2025