

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197607655

Report Date: 11/23/2020

Date Signed: 01/13/2021 09:30:22 AM

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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	
FACILITY EVALUATION REPORT			
FACILITY NAME: JASMIN TERRACE AT EL MOLINO		FACILITY NUMBER: 197607655	
ADMINISTRATOR: VIRGINIA GARCIA		FACILITY TYPE: 740	
ADDRESS: 245 S. EL MOLINO AVE.		TELEPHONE: (626) 578-0460	
CITY: PASADENA		STATE: CA ZIP CODE: 91101	
CAPACITY: 206		CENSUS: 97 DATE: 11/23/2020	
TYPE OF VISIT: Office		UNANNOUNCED TIME BEGAN: 01:30 PM	
MET WITH: Virginia Garcia, Administrator		TIME COMPLETED: 02:15 PM	
NARRATIVE			
1	An informal virtual meeting was held with administrator, Virginia Garcia, assistant administrator, Lori		
2	Lackey and Wellness Director, Rocio Gonzalez. Due to the situation surrounding the Coronavirus		
3	Disease 2019 (COVID-19), and to implement mitigation measures, today's meeting was conducted		
4	telephonically. Present for the meeting were Regional Manager (RM) Araceli Ramirez, Licensing		
5	Program Manager (LPM) Adeline Ho and Licensing Program Analyst (LPA) Tony Vasallo. The purpose of		
6	the meeting is to discuss the ongoing compliance issues at the facility regarding Personal Protective		
7	Equipment (PPE) use and COVID-19 policies and procedures.		
8			
9	Pasadena Public Health (PPH) has physically visited the facility several times during the COVID-19		
10	pandemic and has noted that staff are using PPE's improperly. Our department has also conducted		
11	virtual tours and have observed staff using PPE's improperly. Also during the virtual tour the		
12	administrator has mentioned staff have been written up or suspended for not using the PPE's properly.		
13	Administrator indicated staff have been trained regarding PPE's approximately 7 times since the		
14	beginning of the pandemic. Also discussed were the documents submitted to PPH regarding admission		
15	policies and in-service training. The facility has submitted the documents to PPH several times for		
16	approval and they have not been approved due to being incomplete or in the wrong format.		
17			
18	Administrator was notified that deficiencies will be issued due to the constant issues regarding PPE's		
19	and incomplete documents submitted to PPH. The deficiencies are documented on the attached 809D.		
20			
21	A telephonic exit interview was conducted with Virginia Garcia, and a hard copy was provided via email		
22	for signature along with appeal rights.		
23			
24			
25			
Wei Siew Ho Tony Vasallo			

DATE: 11/23/2020

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/23/2020

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

LIC809 (FAS) - (06/04)

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Citations on this Visit Report are Under Appeal!

Created By: Tony Vasallo On 11/23/2020 at 02:35 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

FACILITY NAME: JASMIN TERRACE AT EL MOLINO

FACILITY NUMBER: 197607655

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/23/2020

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Under Appeal Type A 11/24/2020 Section Cited	1 Additional Personal Rights of 2 Residents in Privately Operated 3 Facilities (a) Personal Rights.... 4 (4) To care, supervision, and services 5 that meet their individual needs and 6 are delivered by staff that are 7 sufficient in numbers, qualifications, and competency to meet their needs.		
Under Appeal Type A 11/24/2020 Section Cited	1 Administrator - Qualifications and 2 Duties 3 (h) The administrator shall have the 4 responsibility to: 5 (8) the personal characteristics, 6 physical energy and competence to 7 provide care and supervision and, where applicable, to work effectively with social agencies.		
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Wei Siew Ho
LICENSING EVALUATOR NAME: Tony Vasallo
LICENSING EVALUATOR SIGNATURE:



DATE: 11/23/2020

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/23/2020