

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197607655

Report Date: 03/19/2026

Date Signed: 03/19/2026 02:03:20 PM

Document Has Been Signed on 03/19/2026 02:03 PM - It Cannot Be Edited

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:	JASMIN TERRACE AT EL MOLINO	FACILITY NUMBER:	197607655
ADMINISTRATOR/VIRGINIA GARCIA DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	245 S. EL MOLINO AVE.	TELEPHONE:	(626) 578-0460
CITY:	PASADENA	STATE: CA	ZIP CODE: 91101
CAPACITY:	206	CENSUS: 144	DATE: 03/19/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	09:16 AM
MET WITH:	Virgina Garcia	BEGAN: TIME VISIT/ INSPECTION	02:00 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Kimberly Ramirez conducted an unannounced required annual
2 inspection visit on 03/19/2026 and was greeted by Wellness Director-Rocio Gonzalez. Administrator
3 Virgina Garcia arrived shortly after. LPA Ramirez explained the purpose of the visit. The facility is
4 located on a residential street and is a two-story dwelling.
5
6 LPA utilized the Compliance and Regulatory Enforcement (CARE) tools for the visit today and observed
7 the following:
8
9 **Physical Plant and Environment safety:** Disinfectants, cleaning solutions, poisons and other items
10 that could pose a danger if readily available to residents, were observed to be inaccessible to residents.
11 LPA Ramirez observed carbon monoxide detectors and smoke alarms in hallways. LPA Ramirez
12 inspected eight (8) resident rooms. All resident bedrooms contained the required furniture, linens and
13 lighting. Water temperatures in all grooming and bathing areas were measured to be with 105 – 120
14 degrees F. LPA Ramirez observed grab bars near toilets and inside shower. LPA Ramirez observed no-
15 slip mat in showers. LPA observed shower chairs in resident bathrooms. Video surveillance was
16 observed in common areas.
17
18 **Food Service:** LPA Ramirez observed sufficient supply of nonperishable for one week and perishable
19 foods for a minimum of two days in the facility kitchen area. Soaps, detergents, and cleaning
20 compounds were observed to be stored away from food supplies. Freezers and refrigerators were
21 observed to be clean and within temperatures of 0-degree F (-17.7 degree C), and refrigerators with
22 maximum temperature of 40-degree F. (4 degree C). LPA observed a whiteboard in the kitchen area with
23 resident names and dietary restrictions. LPA observed kitchen staff wearing hair nets and gloves while
24 handling food.
25
Planned Activities: LPA Ramirez observed board games, magazines, and other activities for residents.
LPA observed several residents in the activities

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros**NAME OF LICENSING PROGRAM ANALYST:** Kimberly Ramirez**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 03/19/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 03/19/2026**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

Page: 1 of 3

California Department of Social Services

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 III, 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: JASMIN TERRACE AT EL MOLINO

FACILITY NUMBER: 197607655

VISIT DATE: 03/19/2026

NARRATIVE

1 **Residents Rights-Information:** LPA Ramirez observed the following postings in common areas
2 throughout the facility: Complaint Poster (PUB 475), personal rights, and nondiscrimination notice. LPA
3 Ramirez observed facility land line.
4
5 **Disaster Preparedness:** The facility has the Emergency Disaster Plan (LIC610D/9 pages) in place.
6 Last documented emergency drills were conducted on 02/2026 and 12/2025. LPA Ramirez observed
7 facility sketches with exits and emergency exits routes throughout various locations of the facility. LPA
8 Ramirez observed emergency food supply located in pantry.
9
10
11
12 **Residents with Special Needs:** No large bodies of water were observed. LPA observed a water
13 fountain which was gated. LPA Ramirez observed signs posted indicating "No smoking - Oxygen in Use"
14 in various locations of the facility. LPA Ramirez observed several oxygen tanks in resident rooms
15 secured in stands. Knives, sharps or other items that could pose a danger to residents with dementia,
16 were observed to be inaccessible. Auditory devices were observed to be in working order. This facility is
17 approved for delayed egress.
18
19
20 **Health Related Services/Incidental Medical Services:** The medications are centrally stored in the
21 medication closet and in bubble packs and/or original containers. LPA Ramirez observed Centrally
22 Stored Medication and Destruction Record. The facility provides incidental medical services.
23
24 **Staffing:** Administrator Certificate for Virginia Garcia 10/14/2026. Staff employed are over the age of 18
25 and are fingerprint cleared and associated to the facility.
26 **Personnel Records Training:** Staff files are maintained at the facility. LPA Ramirez observed required
27 annual training, CPR and First Aid for four (4) out of the four (4) personnel record reviewed. LPA
28 Ramirez observed TB testing results, Health screening, fingerprint clearance and job application for four
29 (4) out of the four (4) personnel record reviewed.
30
31 **Infection Control:** There are using appropriate hand hygiene and wearing gloves while assisting
32 clients. Staff are cleaning and disinfecting often for high touched surfaces. LPA observed disinfecting
logs posted near hallway rails and in elevators. Facility has an Infection Control Plan in place.

Operational Requirements: The facility is licensed to serve 206 residents over the age of 60 years old
of which 171 may be non-ambulatory, 35 bedridden, and a hospice waiver for 20 hospice residents.
Resident Records/Incident Reports: LPA reviewed resident records for nine (9) residents in care.
Resident records are maintained at the facility. Admission Agreement, Physician's Report (including T.B
and Ambulatory Status), Consent for Medical Treatment, Preplacement Appraisal Information, Resident
Pre-Appraisal, Care Plan/Appraisal/Needs and Services Plan, Resident Rights were observed.

No deficiencies were observed during this visit. Exit interview conducted. A copy of this report was
provided.

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros

NAME OF LICENSING PROGRAM ANALYST: Kimberly Ramirez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/19/2026