

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608297
Report Date: 05/26/2026
Date Signed: 05/26/2026 04:19:24 PM

Document Has Been Signed on 05/26/2026 04:19 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:	BELLA VISTA	FACILITY NUMBER:	197608297
ADMINISTRATOR/BAKER, IAN		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(626) 794-4103
ADDRESS:	1760 N FAIR OAKS AVE	ZIP CODE:	91103
CITY:	PASADENA	STATE: CA	
CAPACITY:	72	CENSUS: 40	DATE: 05/26/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	01:29 PM
MET WITH:	Ian Baker, Administrator	BEGAN: TIME VISIT/INSPECTION	04:25 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Daniel Konishi conducted an unannounced Required- 1 year visit. LPA
2	met with Ian Baker, the Administrator and explained the purpose of the visit. Facility is licensed to serve
3	elderly residents age 60 and above, fire clearance approved for (72) non-ambulatory. Hospice approved
4	for ten (10) residents.
5	
6	LPA utilized the Compliance and Regulatory Enforcement (CARE) tools for the visit today and observed
7	the following:
8	
9	Infection Control: Infection control practices and Personal Protective Equipment (PPEs) were
10	observed. There is a visitor sign-in station located in the main entrance lobby. The facility has an
11	Infection Control Plan. Staff are adhering to infection control requirements. Emergency and disaster plan
12	was completed and up to date. Infection control practices and Personal Protective Equipment (PPEs)
13	were maintained.
14	
15	Operational Requirements: The Infection Control Plan has been added to the Plan. Facility is
16	approved for (10) hospice residents, 87705 compliant. A fire clearance is in place. Fire Drill was last
17	conducted on 1/15/2026. A Valid Liability Insurance and Valid Surety bond are in place.
18	
19	Physical Plant/Environment Safety: The facility is a two-story building located in a residential
20	community. The facility consists of: <u>First floor:</u> Lobby, Administrative offices, Conference room, Supply
21	room, Power/Telephone room, Kitchen, Janitor room and Elevator. <u>Second floor:</u> (35) resident
22	bedrooms, Medication room, Library, Activities room, five (5) shower rooms, staff room, Beauty shop,
23	Doctor's office/Nurse station and Dining room.
24	
25	[Continue to LIC809-C]

NAME OF LICENSING PROGRAM MANAGER: David Sicairos
NAME OF LICENSING PROGRAM ANALYST: Daniel Konishi

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/26/2026

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: BELLA VISTA	FACILITY NUMBER: 197608297
	VISIT DATE: 05/26/2026

NARRATIVE	
1	Physical Plant/Environment Safety [Cont.]: The interior and exterior physical plant was inspected.
2	Kitchen was inspected, knives, sharps objects, cleaning supplies and toxic substances are inaccessible
3	to residents. Exit doors are free of any obstruction and there are no pools or large bodies of water.
4	Carbon monoxide detectors were tested and operable. Evacuation chairs are located by the stairways.
5	LPA tested hot water temperature in four (4) shower rooms and water temperature readings measured
6	between 105.6 degrees F to 112.4 degrees F which are within the required 105 - 120 degrees
7	Fahrenheit.
8	
9	Staffing: Facility employs a sufficient number of staff including night staff that are trained and able to
10	provide care and supervision to the residents in the event of an emergency. Staff employed are over the
11	age of 18 and have criminal background clearance, fingerprint cleared, have training and are associated
12	to the facility.
13	
14	Personnel Records/Staff Training: LPA reviewed five (5) staff files which included personnel record,
15	health screenings, TB clearance, staff training, valid Food Handler's Certificate, and First Aid/CPR/AED
16	training. Administrator's Certificate expires on 01/12/2027.
17	
18	Resident Rights-Information: Resident personal rights are posted. Notice of visiting policy is posted.
19	Facility provides internet services to all residents and they have access to the facility phone.
20	
21	Planned Activities: There is sufficient space to accommodate both indoor and outdoor activities. LPA
22	observed the activities calendar posted in the activity room and displayed on the tv screen by the
23	elevator. The facility has a Resident Council.
24	
25	Food Service: Sufficient food supply is stored in the kitchen and pantry areas consisting of 2-day
26	perishables, 7-day non-perishables, and emergency food supplies. Cleaning supplies are stored in
27	areas separate from food supplies. Sanitation practices and kitchen cleanliness was observed. Per
28	Administrator, there are two (2) residents with modified diets but facility has dietician that makes
29	frequent site visits.
30	
31	Incidental Medical and Dental: LPA reviewed five (5) resident medications were reviewed and had no
32	issues. Medications are centrally stored and contain 30-day supply of medications. Medical and dental
	transportation is provided. LPA observed the First Aid kit that has all required items.
NAME OF LICENSING PROGRAM MANAGER: David Sicairos	
NAME OF LICENSING PROGRAM ANALYST: Daniel Konishi	
LICENSING PROGRAM ANALYST SIGNATURE: DATE: 05/26/2026	
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE: DATE: 05/26/2026	

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** BELLA VISTA**FACILITY NUMBER:** 197608297**VISIT DATE:** 05/26/2026**NARRATIVE**

1 **Resident Records/Incident Reports:** Resident files are maintained at the facility. LPA reviewed five (5)
2 resident files which included Face Sheet, Identification and Emergency Information, Admission
3 Agreements, Physician's Reports, TB clearance, Ambulatory Status, Individual Program Plan,
4 Appraisal/Needs and Services Plan, and Personal Rights. RCFE complaint poster and Personal rights
5 were observed posted.

6
7 **Disaster Preparedness:** The facility has an Emergency Disaster Plan with contact numbers and at
8 least two (2) relocation sites. Facility maintains documentation of the required emergency drills.

9
10 **Residents with Special Health Needs:** Per Administrator, no hospice and/or bedridden residents and
11 have no residents have prohibited health conditions.. There are no residents using oxygen.

12
13 Per California Code of Regulations, Title 22, and California Health and Safety Code, no deficiencies
14 observed during the visit. Exit interview was held and a copy of this report was provided to the
15 Administrator, Ian Baker.
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NAME OF LICENSING PROGRAM MANAGER: David Sicairos**NAME OF LICENSING PROGRAM ANALYST:** Daniel Konishi**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 05/26/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 05/26/2026