

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610295

Report Date: 07/23/2025

Date Signed: 07/23/2025 03:17:21 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.ASC, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME:	1ST CARING TRADITIONS	FACILITY NUMBER:	197610295
ADMINISTRATOR/MEDEL, REY		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(661) 441-0023
ADDRESS:	3234 TOURNAMENT DRIVE	ZIP CODE:	93551
CITY:	PALMDALE	STATE:	CA
CAPACITY:	6	CENSUS:	5
TYPE OF VISIT:	Required - 1 Year	DATE:	07/23/2025
		UNANNOUNCED TIME VISIT/INSPECTION	09:45 AM
		BEGAN:	
MET WITH:	Rey Medel	TIME VISIT/INSPECTION	02:45 PM
		COMPLETED:	

NARRATIVE

1 On 7/23/2025 , Licensing Program Analyst (LPA) Melissa Spaeth conducted an unannounced required
2 annual visit. LPA Spaeth was greeted by the three caregivers. The Administrator, Rey Medel arrived at
3 10:20 am.
4

5 The facility is licensed as a Residential Care Facility for the Elderly (RCFE) to serve six residents of
6 which five (5) may be non-ambulatory and one (1) may be bedridden. There is a hospice waiver for six
7 residents. The facility currently has five residents.
8

9 LPA and caregiver began the tour at 10:20 am until 11:00 am.
10

11 Common areas – LPA observed the living room and family room contain comfortable seating.
12

13 Dining Room/Kitchen Combination – LPA observed a seven-day supply of non-perishable food and a
14 two-day supply of perishable food in the refrigerator. The kitchen knives were locked in a kitchen
15 cabinet. The resident medications are locked in a kitchen cabinet along with the first aid kit. The
16 cleaning solutions were locked underneath the kitchen sink. The fire extinguisher is located in the
17 kitchen area.
18

19 Backyard- LPA observed comfortable seating located in a shaded area. The gate leading from the
20 backyard to the front yard was not locked.
21

22 Continued on 809-C
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Troy Agard
NAME OF LICENSING PROGRAM ANALYST: Melissa Spaeth

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/23/2025

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 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.

<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 WOODLAND HILLS S.ASC, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364</p>
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FACILITY NAME: 1ST CARING TRADITIONS

FACILITY NUMBER: 197610295

VISIT DATE: 07/23/2025

NARRATIVE	
1	<u>Resident Bedrooms</u> – LPA observed the rooms were neat and clean. The bedrooms contained bed,
2	linens, night stand, night lamp, and closet.
3	
4	<u>Bathrooms</u> – Both bathrooms contained hand soap, paper towels, trash can, slip resistant mat, and grab
5	bars. The water temperature was tested at 11:10 am and was 115 degrees F.
6	
7	<u>Hallway Closet</u> – The closet contained PPE supplies and linens.
8	
9	<u>Laundry Room</u> – The laundry room was locked and the laundry detergent, hygiene items, and additional
10	cleaning solutions were located in the laundry cabinet.
11	
12	<u>Garage</u> – The door leading to the garage was locked. LPA observed an additional refrigerator/freezer
13	which contained additional food for the facility. LPA Spaeth observed emergency water and food.
14	
15	<u>Smoke/Carbon Monoxide Detector</u> - The detectors were tested at 11:25 am and were functional.
16	
17	LPA reviewed the residents' files at 12 noon until 12:45 pm. LPA reviewed staff files at 12:45 pm until
18	1:15 pm. LPA also viewed the resident's medication at 2:00 until 2:15 pm.
19	
20	There are no deficiencies to report at this time. Exit interview conducted and a copy of the report was
21	given.
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