

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197801028
Report Date: 05/29/2026
Date Signed: 05/29/2026 04:32:55 PM

Document Has Been Signed on 05/29/2026 04:32 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
FACILITY EVALUATION REPORT	

FACILITY NAME:	GOLDEN APRICOT MANOR	FACILITY NUMBER:	197801028
ADMINISTRATOR/DIRECTOR:	JOANNA DE CASTRO	FACILITY TYPE:	740
ADDRESS:	16875 SAUSALITO DR.	TELEPHONE:	(562) 694-5282
CITY:	WHITTIER	STATE:	CA
CAPACITY:	10	ZIP CODE:	90603
TYPE OF VISIT:	Required - 1 Year	CENSUS:	DATE:
		UNANNOUNCED	05/29/2026
		TIME VISIT/INSPECTION	11:35 AM
		BEGAN:	
MET WITH:	Phillip De Castro	TIME VISIT/INSPECTION	04:45 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Erik Zaragoza conducted an unannounced Required 1-year visit using
2	the full Care Compliance and Regulatory Enforcement (CARE) Tools. LPA met with JoAnna De Castro,
3	administrator for the facility, and explained the purpose of the visit.
4	
5	The following 12 (CARE) tool domains were observed and reviewed: Infection Control, Physical
6	Plant/Environment Safety, Operational Requirements, Staffing, Personnel Records/Staff Training,
7	Resident Rights/Information, Resident Records/Incident Reports, Food Service, Planned Activities,
8	Incident Medical and Dental, Disaster Preparedness, and Residents with Special Health Needs.
9	
10	Infection Control:
11	
12	• Infection control plan is on file.
13	
14	
15	
16	
17	Physical Plant/Environment Safety:
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19	• The facility is a single-story home located in a residential neighborhood. The facility consists of ten
20	(10) resident bedrooms, two (2) staff bedrooms, a kitchen, dining room, a living room, a detached
21	garage that contains the facility washer and dryer, and six (6) bathrooms all of which had hot water
22	temperatures ranging between 105 – 120 degrees Fahrenheit. LPA toured seven (7) resident bedrooms
23	including checking their water temperature, which all fell within the required range of 105 – 120 degrees
24	Fahrenheit. The facility was observed to be in good repair and its signal systems were observed to be
25	operable. Fully charged fire extinguishers are kept on the premises.

NAME OF LICENSING PROGRAM MANAGER:	David Sicairos
NAME OF LICENSING PROGRAM ANALYST:	Erik Zaragoza

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/29/2026

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: GOLDEN APRICOT MANOR **FACILITY NUMBER:** 197801028
VISIT DATE: 05/29/2026

NARRATIVE	
1	Operational Requirements:
2	
3	• Fire clearance was approved by LA County Fire Department for a capacity of ten (10) non-ambulatory
4	residents, and a hospice waiver approved for three (3) residents.
5	
6	• Care and supervision to meet the clients' needs was observed.
7	
8	Staffing:
9	
10	• Three (3) full-time staff members provide care and supervision to the clients.
11	
12	Personnel Records/Staff Training:
13	
14	• Three (3) staff files were reviewed for criminal background clearance and training.
15	
16	
17	
18	• All Three (3) staff records have a health screening with a Tuberculosis clearance, First Aid/CPR
19	trainings that are active, and required annual trainings.
20	• Administrator's certificate expires on 3/21/2027.
21	
22	Resident Rights/Information:
23	
24	• Physician orders were reviewed for Four (4) resident files.
25	
26	• Medications were also reviewed for Four (4) residents.
27	
28	Resident Records/Incident Reports:
29	
30	• Six (6) resident files were reviewed containing admission agreements, Physician's Report,
31	medical/functional assessments, Needs and Services Plans, TB clearance, Appraisal/Needs and
32	Services Plan, personal rights, medical consent, and medication records were reviewed.

NAME OF LICENSING PROGRAM MANAGER: David Sicairos	
NAME OF LICENSING PROGRAM ANALYST: Erik Zaragoza	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 05/29/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/29/2026

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FACILITY NUMBER: 197801028

VISIT DATE: 05/29/2026

NARRATIVE

Food Service:

- The kitchen was inspected and has sufficient supply of 2-day perishable & 7-day non-perishable food. Kitchen, food preparation area, and storage areas were observed to be clean and sanitary.

Incident Medical and Dental:

- All residents have are assisted with medication management by staff.

Disaster Preparedness:

- Emergency and Disaster Plan (LIC610E) was reviewed.
- The last emergency and disaster drill was conducted on 5/10/2026.

Planned Activities:

- Sufficient Space is provided to accommodate both indoor and outdoor activities.
- Sufficient equipment and supplies are provided to meet the requirements of the activity program.

Residents with Special Health Care Needs

- There is an adequate number of staff to support each resident's physical, social, emotional, safety and health care needs as identified in his/her appraisal.

Per California Code of Regulations, Title 22, and California Health and Safety Code, no deficiencies were observed during the visit. Exit interview held and a copy of the report along with appeal rights were provided.

NAME OF LICENSING PROGRAM MANAGER: David Sicairos

NAME OF LICENSING PROGRAM ANALYST: Erik Zaragoza

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/29/2026

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