

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197803648
Report Date: 04/28/2025
Date Signed: 04/28/2025 03:47:28 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		GREATER LA AC/SC, 1000 CORPORATE CNTR	
		DR. ST 500	
		MONTEREY PARK, CA 91754	
FACILITY NAME: GENESIS MANOR II		FACILITY NUMBER:	197803648
ADMINISTRATOR/GERRY MARKIE		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(909) 262-9802
ADDRESS: 2123 AQUINAS AVE.	STATE: CA	ZIP CODE:	91711
CITY: CLAREMONT	CENSUS: 3	DATE:	04/28/2025
CAPACITY: 6	UNANNOUNCED TIME VISIT/	INSPECTION	12:01 PM
TYPE OF VISIT: Required - 1 Year	BEGAN:	TIME VISIT/	INSPECTION
MET WITH: Administrator Alaina Hendrick	COMPLETED:		03:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kimberly Ramirez conducted an annual inspection visit on 04/28/2025
2	and was greeted by Administrator Alaina Hendrick. LPA Ramirez identified herself and explained the
3	purpose of the visit. The facility is located on a residential street and is a single store dwelling.
4	
5	LPA utilized the Compliance and Regulatory Enforcement (CARE) tools for the visit today and observed
6	the following:
7	
8	Physical Plant and Environment safety: Disinfectants, cleaning solutions, poisons and other items
9	that could pose a danger if readily available to residents, were observed to be inaccessible to residents.
10	LPA Ramirez observed carbon monoxide detectors and smoke alarms in hallways. LPA Ramirez
11	inspected three (3) resident rooms. All resident bedrooms contained required furniture, linens and
12	lighting. Water temperatures in all grooming and bathing areas were measured to be with 105 – 120
13	degrees F. LPA Ramirez observed grab bars near toilets and inside shower. LPA Ramirez observed no-
14	slip coating in showers. LPA Ramirez observed seated shower chairs in bathrooms. LPA Ramirez
15	observed video surveillance in common areas inside the facility.
16	
17	Food Service: LPA Ramirez observed sufficient supply of nonperishables for one week and perishable
18	foods for a minimum of two days in the facility kitchen area. Soaps, detergents, and cleaning
19	compounds were observed to be stored away from food supplies. Freezers and refrigerators were
20	observed to be clean and within temperatures of 0-degree F (-17.7 degree C), and refrigerators with
21	maximum temperature of 40-degree F. (4 degree C).
22	
23	Planned Activities: LPA Ramirez observed board games, magazines, and other activities for residents.
24	
25	Residents Rights-Information: LPA Ramirez observed the following postings in common areas
	throughout the facility: Complaint Poster (PUB 475), personal rights, and nondiscrimination notice. LPA

Ramirez observed facility land line.

Disaster Preparedness: The facility has the Emergency Disaster Plan (LIC610D/9 pages) in place. Last documented emergency drills were conducted on 04/19/2025 and 01/13/2025. LPA Ramirez observed facility sketches with exits and emergency exits routes throughout various locations of the facility. LPA Ramirez observed emergency food supply located in garage.

See 809-C

Tony Vasallo
Kimberly Ramirez



DATE: 04/28/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/28/2025

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 GREATER LA AC/SC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754</p>
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FACILITY NAME: GENESIS MANOR II

FACILITY NUMBER: 197803648

VISIT DATE: 04/28/2025

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>Residents with Special Needs: No large bodies of water were observed LPA Ramirez observed signs posted indicating "No smoking - Oxygen in Use" in various locations of the facility. LPA Ramirez observed several oxygen tanks in resident rooms secured in stands. Knives, sharps or other items that could pose a danger to residents with dementia, were observed to be inaccessible. Auditory devices were observed to be in working order.</p> <p>Health Related Services/Incidental Medical Services: The medications are centrally stored in the medication closet and in bubble packs and/or original containers. LPA Ramirez observed Centrally Stored Medication and Destruction Record. The facility provides incidental medical services.</p> <p>Staffing: Administrator Certificate for Alaina Hendrick 07/18/2026. Staff employed are over the age of 18 and are fingerprint cleared and associated to the facility.</p> <p>Personnel Records Training: Staff files are maintained at the facility. LPA Ramirez observed required annual training, CPR and First Aid for three (3) out of the three (3) personnel record reviewed. LPA Ramirez observed TB testing results, Health screening, fingerprint clearance and job application for three (3) out of the three (3) personnel record reviewed.</p> <p>Infection Control: Staff are using appropriate hand hygiene and wearing gloves while assisting clients. Staff are cleaning and disinfecting often for high touched surfaces. Facility has an Infection Control Plan in place.</p> <p>Operational Requirements: The facility is licensed to serve six (6) non-ambulatory residents over the age of 60 and provides care for elderly residents with dementia and is approved to retain four (4) residents on hospice. Currently the facility has three (3) residents on hospice care.</p> <p>Resident Records/Incident Reports: LPA reviewed resident records for three (3) 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.</p>

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

SUPERVISOR'S NAME: Tony Vasallo

LICENSING EVALUATOR NAME: Kimberly Ramirez

LICENSING EVALUATOR SIGNATURE:

DATE: 04/28/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/28/2025