

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197803648
Report Date: 04/07/2026
Date Signed: 04/07/2026 02:51:41 PM

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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: GENESIS MANOR II		FACILITY NUMBER:	197803648
ADMINISTRATOR/GERRY MARKIE		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	2123 AQUINAS AVE.	TELEPHONE:	(909) 262-9802
CITY:	CLAREMONT	STATE: CA	ZIP CODE: 91711
CAPACITY: 6		CENSUS: 5	DATE: 04/07/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	12:24 PM
MET WITH: Alaina Hendricks, Administrator		BEGAN: TIME VISIT/INSPECTION	03:00 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Gabriela Castro conducted an unannounced required annual visit using the Compliance and Regulatory Enforcement (CARE) Tool. LPA was greeted by Rudy Trinidad and explained the reason for the visit. Administrator Alaina Hendricks arrived shortly thereafter.
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5	This home is licensed to serve 6 residents ages range 60 and over, six (6) non-ambulatory and the facility is approved to accept/retain four (4) hospice residents.
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8	There was (3) resident under hospice care during inspection and one (1) on home health.
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10	Facility Tour & Observations:
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14	Personal Rights postings (LIC 613C and Ombudsman), Complaint Poster (PUB 475), and nondiscrimination notice were observed in a common area. Residents had access to personal space, privacy, and adequate storage. No firearms/weapons were present. Oxygen signages were observed throughout the facility.
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16	
17	Physical Plant
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25	

cabinets. Smoke and carbon monoxide detectors were tested and found to be functional. A fire extinguisher was observed near the front entrance. No bodies of water were present on the premises. The backyard provided shaded seating for residents. Passageways and exits were observed to be clear and unobstructed.

****continued on 809C****

NAME OF LICENSING PROGRAM MANAGER: David Sicairos

NAME OF LICENSING PROGRAM ANALYST: Gabriela Castro

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/07/2026

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

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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 Ill, 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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	MONTEREY PARK ASC, 1000 CORPORATE CNTR
	DR. ST 500
	MONTEREY PARK, CA 91754

FACILITY NAME: GENESIS MANOR II

FACILITY NUMBER: 197803648

VISIT DATE: 04/07/2026

NARRATIVE	
1	Food Service
2	
3	Refrigerators and freezers were maintained at proper temperatures (refrigerators at or below 40°F and
4	freezers at 0°F) and contained a sufficient supply of at least two (2) days of perishable food and seven
5	(7) days of non-perishable food. Fresh produce, proteins, and dry goods were adequately stocked.
6	Knives were observed to be stored in a locked kitchen drawer.
7	
8	Health-Related Services & Records
9	
10	Four (4) residents files were reviewed and contained current required documents Admissions
11	Agreements, Pre-Placement Appraisals, Consents, Needs/Service Plans, Physician's Reports with
12	TB/ambulatory status and Rights acknowledgments. Three (3) residents' medications were reviewed;
13	medications were observed to be centrally stored in hallway closet.
14	
15	Disaster Preparedness
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17	Last fire/earthquake drill was conducted in April 01, 2026, with logs available. LIC 610D Emergency
18	Disaster Plan was available and updated. Emergency supplies (water, food, flashlights, batteries, first
19	aid) were observed. Infection Control Plan was updated.
20	
21	Personnel Records & Training
22	
23	Three (3) staff files were reviewed and included criminal record clearances, CPR/First Aid, required
24	training and TB screenings. Administrator Certificate for Alaina Hendricks was valid through July 18,
25	2026.
26	
27	Insurance
28	
29	Liability insurance was in compliance with an expiration date of June 15, 2026.
30	
31	An exit interview was conducted with the Administrator Alaina Hendricks. During the inspection, the
32	facility was observed to be following Title 22, Division 6 regulations. No deficiencies were cited at this
	time. A copy of the report was provided.

NAME OF LICENSING PROGRAM MANAGER: David Sicairos	
NAME OF LICENSING PROGRAM ANALYST: Gabriela Castro	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/07/2026
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