

Department of  
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198204587  
Report Date: 02/10/2026  
Date Signed: 02/10/2026 03:00:38 PM

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|                                                        |                                                                                                                                                                  |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>MONTEREY PARK ASC, 1000 CORPORATE CNTR<br>DR. ST 500<br>MONTEREY PARK, CA 91754 |
| FACILITY EVALUATION REPORT                             |                                                                                                                                                                  |

|                         |                     |                        |                  |
|-------------------------|---------------------|------------------------|------------------|
| FACILITY NAME:          | VILLA, THE          | FACILITY NUMBER:       | 198204587        |
| ADMINISTRATOR/DAVID KIM |                     | FACILITY TYPE:         | 740              |
| DIRECTOR:               |                     |                        |                  |
| ADDRESS:                | 12565 DOWNEY AVENUE | TELEPHONE:             | (562) 861-6694   |
| CITY:                   | DOWNEY              | STATE: CA              | ZIP CODE: 90242  |
| CAPACITY: 15            |                     | CENSUS: 13             | DATE: 02/10/2026 |
| TYPE OF VISIT:          | Required - 1 Year   | UNANNOUNCEDTIME VISIT/ |                  |
|                         |                     | INSPECTION             | 09:48 AM         |
|                         |                     | BEGAN:                 |                  |
| MET WITH:               | David Kim           | TIME VISIT/            |                  |
|                         |                     | INSPECTION             | 03:15 PM         |
|                         |                     | COMPLETED:             |                  |

| NARRATIVE |                                                                                                             |
|-----------|-------------------------------------------------------------------------------------------------------------|
| 1         | Licensing Program Analyst (LPA) Christian Gutierrez conducted the annual inspection using the               |
| 2         |                                                                                                             |
| 3         |                                                                                                             |
| 4         |                                                                                                             |
| 5         | The facility is licensed to serve 1 Ambulatory Resident and 12 Non-Ambulatory Residents ages 60 and         |
| 6         |                                                                                                             |
| 7         |                                                                                                             |
| 8         |                                                                                                             |
| 9         | The Facility is a single story building located in Downey, CA. A tour of the facility included: 11 resident |
| 10        |                                                                                                             |
| 11        |                                                                                                             |
| 12        |                                                                                                             |
| 13        | LPA toured the facility and observed the following: Each resident bedroom has the required furniture and    |
| 14        |                                                                                                             |
| 15        |                                                                                                             |
| 16        |                                                                                                             |
| 17        |                                                                                                             |
| 18        |                                                                                                             |
| 19        |                                                                                                             |
| 20        |                                                                                                             |
| 21        |                                                                                                             |
| 22        |                                                                                                             |
| 23        |                                                                                                             |
| 24        |                                                                                                             |
| 25        |                                                                                                             |
|           | SEE LIC 809C                                                                                                |

|                                                        |
|--------------------------------------------------------|
| NAME OF LICENSING PROGRAM MANAGER: David Sicairos      |
| NAME OF LICENSING PROGRAM ANALYST: Christian Gutierrez |

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 02/10/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/10/2026

**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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**Created By: Christian Gutierrez On 02/10/2026 at 02:03 PM**  
**Link to Parent Document Below:**

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>, 1000 CORPORATE CNTR DR. ST 500<br>MONTEREY PARK, CA 91754 |
| FACILITY EVALUATION REPORT (Cont)                      |                                                                                                                                              |

**FACILITY NAME:** VILLA, THE

**FACILITY NUMBER:** 198204587

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 02/10/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

|  |        |               |     |             |  |
|--|--------|---------------|-----|-------------|--|
|  | Type A | Section Cited | CCR | 87303(e)(2) |  |
|--|--------|---------------|-----|-------------|--|

Maintenance and Operation

|                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C). |                                                                                                                                                                                                               |
| This requirement is not met as evidenced by:                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                       | Deficient Practice Statement                                                                                                                                                                                  |
| 1<br>2<br>3<br>4                                                                                                                                                                                                                                                                                                                                      | Based on observation, the licensee did not comply with the section cited above in one bathroom had a water reading of 127 which poses an immediate health, safety or personal rights risk to persons in care. |
|                                                                                                                                                                                                                                                                                                                                                       | POC Due Date: 02/11/2026                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                       | Plan of Correction                                                                                                                                                                                            |
| 1<br>2<br>3<br>4                                                                                                                                                                                                                                                                                                                                      | Facility will adjust water reading to required water reading. Facility will create a water log for one week to insure water is at required reading.                                                           |

|  |        |               |     |          |  |
|--|--------|---------------|-----|----------|--|
|  | Type A | Section Cited | CCR | 87309(a) |  |
|--|--------|---------------|-----|----------|--|

Storage Space and Access

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage. |                                                                                                                                                                                                                               |
| This requirement is not met as evidenced by:                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                           | Deficient Practice Statement                                                                                                                                                                                                  |
| 1<br>2<br>3<br>4                                                                                                                                                                                                                                                                                                          | Based on observation, the licensee did not comply with the section cited above in two bathrooms had cleaning solutions on floor of toilet which poses an immediate health, safety or personal rights risk to persons in care. |
|                                                                                                                                                                                                                                                                                                                           | POC Due Date: 02/11/2026                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                           | Plan of Correction                                                                                                                                                                                                            |
| 1<br>2                                                                                                                                                                                                                                                                                                                    | Staff removed cleaners at time of visit. Administrator will conduct training with staff and send to LPA by POC due date.                                                                                                      |

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM  
MANAGER:

David Sicairos

NAME OF LICENSING PROGRAM  
ANALYST:

Christian Gutierrez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/10/2026

LIC809 (FAS) - (06/04)

Page: 3 of 8

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
, 1000 CORPORATE CNTR DR. ST 500  
MONTEREY PARK, CA 91754

FACILITY NAME: VILLA, THE

FACILITY NUMBER: 198204587

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/10/2026

### DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type B

Section Cited

CCR

87303(a)

#### Maintenance and Operation

(a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.

This requirement is not met as evidenced by:

#### Deficient Practice Statement

1 Based on observation, the licensee did not comply with the section cited above in outside area has  
2 chairs, mattresses.trash around facility which poses/posed a potential health, safety or personal rights  
3 risk to persons in care.  
4

POC Due Date: 02/17/2026

#### Plan of Correction

1 Staff will clean outside areas and send pictures to LPA by POC due date.  
2  
3  
4

Section Cited

#### Deficient Practice Statement

1  
2  
3  
4

POC Due Date:

|   |                    |
|---|--------------------|
|   | Plan of Correction |
| 1 |                    |
| 2 |                    |
| 3 |                    |
| 4 |                    |

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

|                                      |                     |
|--------------------------------------|---------------------|
| NAME OF LICENSING PROGRAM MANAGER:   | David Sicairos      |
| NAME OF LICENSING PROGRAM ANALYST:   | Christian Gutierrez |
| LICENSING PROGRAM ANALYST SIGNATURE: |                     |
|                                      | DATE: 02/10/2026    |

|                                                                                               |                  |
|-----------------------------------------------------------------------------------------------|------------------|
| I acknowledge receipt of this form and understand my appeal rights as explained and received. |                  |
| FACILITY REPRESENTATIVE SIGNATURE:                                                            |                  |
|                                                                                               | DATE: 02/10/2026 |

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| FACILITY EVALUATION REPORT (Cont)                      |                                                                                                                                              |

FACILITY NAME: VILLA, THE

FACILITY NUMBER: 198204587

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/10/2026

| DEFICIENCIES & PLANS OF CORRECTION (POCs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                          |               |     |          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------|-----|----------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Type B                                                                                                   | Section Cited | CCR | 87411(f) |  |
| Personnel Requirements - General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |               |     |          |  |
| (f) All personnel, including the licensee and administrator, shall be in good health, and physically and mentally capable of performing assigned tasks. Good physical health shall be verified by a health screening, including a chest x-ray or an intradermal test, performed by a physician not more than six (6) months prior to or seven (7) days after employment or licensure. A report shall be made of each screening, signed by the examining physician. The report shall indicate whether the person is physically qualified to perform the duties to be assigned, and whether he/she has any health condition that would create a hazard to him/herself, other staff members or residents. A signed statement shall be obtained from each volunteer affirming that he/she is in good health. Personnel with evidence of physical illness or emotional instability that poses a significant threat to the well-being of residents shall be relieved of their duties. |                                                                                                          |               |     |          |  |
| This requirement is not met as evidenced by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |               |     |          |  |
| Deficient Practice Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |               |     |          |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Based on record review, the licensee did not comply with the section cited above two (2) out of five (5) |               |     |          |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | staff did not have a negative TB test on file which poses/posed a potential health, safety or personal   |               |     |          |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | rights risk to persons in care.                                                                          |               |     |          |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |               |     |          |  |
| POC Due Date: 02/17/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |               |     |          |  |
| Plan of Correction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |               |     |          |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Administrator will send TB reading to LPA by POC due date.                                               |               |     |          |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |               |     |          |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |               |     |          |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |               |     |          |  |

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

|                                                                                               |                     |
|-----------------------------------------------------------------------------------------------|---------------------|
| NAME OF LICENSING PROGRAM<br>MANAGER:                                                         | David Sicairos      |
| NAME OF LICENSING PROGRAM<br>ANALYST:                                                         | Christian Gutierrez |
| LICENSING PROGRAM ANALYST SIGNATURE:                                                          |                     |
|                                                                                               | DATE: 02/10/2026    |
| I acknowledge receipt of this form and understand my appeal rights as explained and received. |                     |
| FACILITY REPRESENTATIVE SIGNATURE:                                                            |                     |
|                                                                                               | DATE: 02/10/2026    |

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| FACILITY EVALUATION REPORT (Cont)                      |                                                                                                                                            |

FACILITY NAME: VILLA, THE

FACILITY NUMBER: 198204587

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/10/2026

| DEFICIENCIES & PLANS OF CORRECTION (POCs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |               |     |                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------|-----|----------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Type B                                                                                                        | Section Cited | HSC | 1569.625(b)(1) |  |
| Other Provisions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |               |     |                |  |
| (1) The department shall adopt regulations to require staff members of residential care facilities for the elderly who assist residents with personal activities of daily living to receive appropriate training. This training shall consist of 40 hours of training. A staff member shall complete 20 hours, including six hours specific to dementia care, as required by subdivision (a) of Section 1569.626 and four hours specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696, before working independently with residents. The remaining 20 hours shall include six hours specific to dementia care and shall be completed within the first four weeks of employment. The training coursework may utilize various methods of instruction, including, but not limited to, lectures, instructional videos, and interactive online courses. The additional 16 hours shall be hands-on training. |                                                                                                               |               |     |                |  |
| This requirement is not met as evidenced by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |               |     |                |  |
| Deficient Practice Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |               |     |                |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Based on record review, the licensee did not comply with the section cited above two staff do not have        |               |     |                |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 40 hrs of initial training which poses/posed a potential health, safety or personal rights risk to persons in |               |     |                |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | care.                                                                                                         |               |     |                |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |               |     |                |  |
| POC Due Date: 02/17/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |               |     |                |  |
| Plan of Correction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |               |     |                |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Administrator will send LPA training for two staff.                                                           |               |     |                |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |               |     |                |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |               |     |                |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |               |     |                |  |

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

|                |
|----------------|
| David Sicairos |
|----------------|

NAME OF LICENSING PROGRAM  
MANAGER:  
NAME OF LICENSING PROGRAM  
ANALYST:  
LICENSING PROGRAM ANALYST SIGNATURE:

Christian Gutierrez



DATE: 02/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



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| FACILITY EVALUATION REPORT (Cont)                      |                                                                                                                                              |

FACILITY NAME: VILLA, THE

FACILITY NUMBER: 198204587

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/10/2026

| DEFICIENCIES & PLANS OF CORRECTION (POCs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                          |               |     |                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----|----------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Type B                                                                                                                                                                                                                   | Section Cited | HSC | 1569.625(b)(2) |  |
| Other Provisions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                          |               |     |                |  |
| (2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training. |                                                                                                                                                                                                                          |               |     |                |  |
| This requirement is not met as evidenced by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                          |               |     |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Deficient Practice Statement                                                                                                                                                                                             |               |     |                |  |
| 1<br>2<br>3<br>4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Based on record review, the licensee did not comply with the section cited above staff did not have required 20 annual training which poses/posed a potential health, safety or personal rights risk to persons in care. |               |     |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | POC Due Date: 02/17/2026                                                                                                                                                                                                 |               |     |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Plan of Correction                                                                                                                                                                                                       |               |     |                |  |
| 1<br>2<br>3<br>4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Administrator will send LPA training by POC due date.                                                                                                                                                                    |               |     |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Type B                                                                                                                                                                                                                   | Section Cited | CCR | 87463(h)       |  |

| Reappraisals                                                                                                                                                                               |                              |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--|--|--|--|
| (h) The licensee shall request that all residents receive an annual routine visit with a licensed medical professional once every twelve months, either in person or by video appointment. |                              |  |  |  |  |
| This requirement is not met as evidenced by:                                                                                                                                               |                              |  |  |  |  |
|                                                                                                                                                                                            | Deficient Practice Statement |  |  |  |  |

|   |                                                                                                        |
|---|--------------------------------------------------------------------------------------------------------|
| 1 | Based on record review, the licensee did not comply with the section cited above in R1,R4,and R5 did   |
| 2 | not have annual 602 which poses/posed a potential health, safety or personal rights risk to persons in |
| 3 | care.                                                                                                  |
| 4 |                                                                                                        |
|   | <b>POC Due Date:</b> 02/17/2026                                                                        |
|   | <b>Plan of Correction</b>                                                                              |
| 1 | Administrator will send LPA new 602's by POC due date.                                                 |
| 2 |                                                                                                        |
| 3 |                                                                                                        |
| 4 |                                                                                                        |

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

|                                                                                                      |                         |
|------------------------------------------------------------------------------------------------------|-------------------------|
| <b>NAME OF LICENSING PROGRAM MANAGER:</b>                                                            | David Sicairos          |
| <b>NAME OF LICENSING PROGRAM ANALYST:</b>                                                            | Christian Gutierrez     |
| <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>                                                          |                         |
|                       | <b>DATE:</b> 02/10/2026 |
| <b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b> |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                            |                         |
|                       | <b>DATE:</b> 02/10/2026 |

| NARRATIVE |                                                                                                            |
|-----------|------------------------------------------------------------------------------------------------------------|
| 1         | Five (5) staff files were reviewed and included criminal clearance record, and health screening. Two staff |
| 2         | were missing TB readings. Staff was missing required initial and annual training. Five (5) resident files  |
| 3         | were reviewed and included physician reports and appraisal needs and service plan. Three (3) residents     |
| 4         | had expired physicians reports. Fire/earthquake drill was conducted in December of 2025. The               |
| 5         | medications are centrally stored and locked in a cabinet in living room. LPA reviewed medications          |
| 6         | residents, and they are being administered as prescribed by the physician. Mar log is being used.          |
| 7         |                                                                                                            |
| 8         | Per California Code of Regulations, Title 22, and California Health and Safety Code, there was             |
| 9         | deficiencies observed during the visit (Refer to LIC 809-D). Exit interview held and a copy of the report  |
| 10        | and appeal rights were provided.                                                                           |
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| 31                                                                                                      |                         |
| 32                                                                                                      |                         |
| <b>NAME OF LICENSING PROGRAM MANAGER:</b> David Sicairos                                                |                         |
| <b>NAME OF LICENSING PROGRAM ANALYST:</b> Christian Gutierrez                                           |                         |
| <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>                                                             | <b>DATE:</b> 02/10/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                               | <b>DATE:</b> 02/10/2026 |