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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198601672
Report Date: 06/30/2026
Date Signed: 06/30/2026 04:28:02 PM

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

FACILITY NAME:	CLAREMONT MANOR		FACILITY NUMBER:	198601672
ADMINISTRATOR/ DIRECTOR:	ROBERT BARTON		FACILITY TYPE:	740
ADDRESS:	650 W. HARRISON AVE.		TELEPHONE:	(909) 626-1227
CITY:	CLAREMONT	STATE: CA	ZIP CODE:	91711
CAPACITY: 360		CENSUS: 250	DATE:	06/30/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	08:45 AM
MET WITH:			TIME VISIT/ INSPECTION COMPLETED:	04:30 PM

NARRATIVE

Licensing Program Analyst Gabriela Castro conducted an annual inspection on 06/30/2025. LPA met with Minerva Naranjo,Director of Health Services and Tanya Madrid, Director of Resident Services and discussed the purpose of today's visit.

The community is licensed to serve (252) ambulatory residents and (108) non-ambulatory of which (18) may be bedridden. There was (1) bedridden residents receiving care during annual inspection. May retain 25 hospice residents. There are fifteen (15) residents under hospice care, during annual inspection. Summer House Dementia Unit II is approved for (5) non-ambulatory residents with secured perimeter, locked gate and locked doors. There are currently twenty-two (22) residents in Summer House Memory Care.

Personal Rights postings (LIC 613C and Ombudsman), Complaint Poster (PUB 475), and nondiscrimination notice were observed in a common area. Required "Oxygen in Use" signage was posted in visible locations throughout the facility in accordance with safety requirements.

LPA utilized the Compliance and Regulatory Enforcement (CARE) tools for the visit today and observed the following:

<u>Physical Plant and Environment safety:</u>

The community is composed of several residential buildings that provide independent living, assisted living, and memory care services. Summer House Memory Care consists of three homes, each containing resident restrooms that were observed to be following applicable licensing requirements. The Lodge building was also observed to contain resident restrooms that met licensing regulations, as well as an activities room and a dining hall available for residents' use. During the facility tour, LPA observed a variety of sensory items and activity areas designed to promote resident engagement, including a dedicated sensory room that provides residents with varying sensory experiences and scenery. LPA also

	observed that the community swimming pool was enclosed by a secured gate, making it inaccessible to residents and in compliance with applicable licensing requirements. (continued on 809C)

NAME OF LICENSING PROGRAM MANAGER: David Sicairos
NAME OF LICENSING PROGRAM ANALYST: Gabriela Castro
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/30/2026

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.

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

FACILITY NAME: CLAREMONT MANOR **FACILITY NUMBER:** 198601672

VISIT DATE: 06/30/2026

NARRATIVE

LPA inspected a total of ten (10) resident bedrooms, including five (5) rooms located in the Summer House Memory Care building and five (5) rooms located in The Lodge building. All resident bedrooms contained the required furnishings, clean linens, adequate lighting, and sufficient storage space for residents' personal belongings. Water temperatures in all resident grooming and bathing areas were measured and found to be within the required range of 105°F to 120°F. LPA observed postings in resident restrooms promoting proper hand-washing practices. Grab bars were installed adjacent to toilets and inside resident showers to promote resident safety. LPA tested the emergency call system in Room #224 at 10:25 a.m., and staff responded at 10:27 a.m. . Evacuation chairs were positioned in the facility stairwells for emergency evacuation purposes. Disinfectants, cleaning solutions, poisons, and other hazardous items were observed to be stored in a manner that made them inaccessible to residents. During record review, LPA obtained and reviewed the community's Annual Fire Alarm Inspection and Testing Report dated 05/20/2026, documenting that a comprehensive inspection and testing of the fire alarm system had been completed throughout the entire community. LPA also observed smoke alarms and carbon monoxide detectors installed throughout the hallways.

Food Service

LPA’s observed sufficient supply of nonperishables for one week and perishable foods for a minimum of two days in the facility kitchen area. Soaps, detergents, and cleaning compounds were observed to be stored away from food supplies. Freezers and refrigerators were observed to be clean and within temperatures of 0 degree F (-17.7 degree C), and refrigerators with a maximum temperature of 40-degree F. (4 degree C). LPA’s observed facility weekly and daily menu, which is approved by the facility certified dietary manager. LPA’s observed kitchen staff preparing for lunch while wearing hair nets and gloves LPA observed a newly remodeled dining area that created a spacious and welcoming environment for residents. LPA observed several dining room servers disinfecting tables and counters while wearing gloves and hair nets. The dining area appeared clean, well-maintained, and organized.

Planned Activities: LPA’s observed a calendar for June of 2026 with various activities and outings for residents. LPA’s observed sufficient outdoor space in both assisted living and memory care.

Disaster Preparedness: Last documented emergency drills were conducted on June 15, 2026, for Summer House and Lodge staff. LPA observed facility sketches with exits and emergency exits routes throughout various locations of the facility. LPA observed emergency food supply.

Resident Records:

Ten (10) residents files were reviewed and contained current required documents Admissions Agreements, Pre-Placement Appraisals, Consents, Needs/Service Plans, Physician’s Reports with TB/ambulatory status and Rights acknowledgments.

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Health Related Services:

Medications were reviewed and observed to be centrally stored in a designated medication room. The medication cabinets were secured and locked, making medications inaccessible to residents. Medication Administration Records (MARs) were reviewed and found to be current and accurately maintained.

Personnel Records & Training:

Seven (7) staff files were reviewed and included criminal record clearances, CPR/First Aid, required training and TB screenings. Administrator Certificate for Robert Barton was valid through November 2, 2027.

An exit interview was conducted with Robert Barton, Executiver Director and Minerva Naranjo, Director of Health Services. During the inspection, the 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.

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