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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198602134
Report Date: 09/03/2026
Date Signed: 09/03/2026 05:11:53 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 EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245

FACILITY NAME:	GLEN PARK AT LONG BEACH		FACILITY NUMBER:	198602134
ADMINISTRATOR/ DIRECTOR:	ACE HUYNH		FACILITY TYPE:	740
ADDRESS:	1046 E 4th St		TELEPHONE:	(818) 497-0146
CITY:	Long Beach	STATE: CA	ZIP CODE:	908021634
CAPACITY: 208		CENSUS: 106	DATE:	09/03/2026
TYPE OF VISIT:	Case Management - Annual Continuation	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	02:06 PM
MET WITH:	ACE HUYNH		TIME VISIT/ INSPECTION COMPLETED:	05:15 PM

NARRATIVE

On September 3, 2026, Licensing Program Analyst (LPA) Ernand Dabuet conducted an unannounced subsequent **1 Year Required** visit. LPA met with Executive Director Ace Huynh. LPA explained the purpose of today's visit. The facility is licensed to serve four (4) ambulatory, 174 non-ambulatory, and 30 bedridden resident age 60 and above. The facility is approved (30) residents on hospice. Currently, the facility has 106 residents with no hospice residents.

LPA toured the physical plant. There were no bodies of water or obstructions on the premises. Rooms were inspected. Beds and bedding supplies were in good condition, adequate lighting was provided, and storage for the resident's personal belongings was observed. Bathrooms were found to be within Title 22 regulations and were operational. LPA inspected rooms: #101: #114; #122; #124; #130; #136; #137; #211; #216 #227; #255; #262 in assisted living and #233 #238; #243 and #247 in memory care. The water temperature ranges from 106.9- 115.9 degrees F.; room temperature ranges from 70- 76 degrees F.; call buttons and smoke and carbon monoxide detectors are all in operating condition.

LPA observed the facility to be sanitary and appropriately furnished at the time of the visit. Storage areas for personal hygiene, cleaning supplies, toxins, and sharps objects were stored and not accessible to residents.

During the visit, LPA observed the facility's infection control practices. LPA observed screening protocols for visitors, staff, and residents, as well as sanitizing stations in common areas and restrooms. All mandated inspection control posters, including the Activities Calendar and Food Menu, were posted.

(Evaluation Report continues LIC 809-C)

Janae Hammond
Ernand Dabuet

	**DATE:** 09/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	**DATE:** 09/03/2026

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.

FACILITY NAME: GLEN PARK AT LONG BEACH **FACILITY NUMBER:** 198602134

VISIT DATE: 09/03/2026

NARRATIVE

DEFICIENCIES:

- Rooms with no sliding door screens #101; #102; #122; #130; #137.
- Room #255 wash basin cabinet missing doors.
- Room #243 toilet not flushing properly
- Room #206 had medication of Fluticasone and Mupirocin ointment inside the room.
- Room #122 and #262 had toxic chemical cleaners in their rooms.

Deficiencies were cited during this inspection visit.

Due to time constraints, LPA was unable to complete the visit and will return at another unannounced time.

An exit interview was conducted and a copy of this report was provided to ACE HUYNH.

Note: Due to technical difficulties, LPA was unable to generate an electronic inspection tool and instead used a printable/PDF version.

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond
NAME OF LICENSING PROGRAM ANALYST: Ernand Dabuet
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 09/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 09/03/2026

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Created By: Ernand Dabuet On 09/03/2026 at 04:24 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245

FACILITY NAME: GLEN PARK AT LONG BEACH **FACILITY NUMBER:** 198602134

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 09/03/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/04/2026 **Section Cited** CCR 87309(a)(b)	87309 Storage Space and Access (a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances... items which could pose a danger to residents are in locked storage and are not left unattended...	Licensee must comply with Title 22 Section 87309 and provide a plan on how to ensure toxic chemical substances are kept out of reach of residents in care. Proof of correction, must be submitted by the due date of 10/04/26 to 424-544-1016.
	This requirement is not met as evidence by: Based on observation, Licensee failed to adhere to ensure toxic poisonous chemicals in room #122 & #262 substances were not locked in storage and left unattended. This violation possesses an immediate Health and Safety risk to residents in care.	Licensee must comply with Title 22 Section 87465 and provide a plan for how to ensure medications are kept out of reach of residents in care. Proof of correction, must be submitted by the due date of 10/04/26 to 424-544-1016.
Type A 09/04/2026 **Section Cited** CCR87465(h)(2)	87465 Incidental Medical and Dental Care (h) The following requirements shall apply to medications...(2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees...	
	This requirement is not met as evidence by: Based on observation, Licensee failed to adhere to ensure medications are kept out of the hands of residents in room #206 and not left unattended. This violation possesses an immediate Health and Safety risk to residents in care.	

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: Janae Hammond

NAME OF LICENSING PROGRAM ANALYST: Ernand Dabuet

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/03/2026

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Created By: Ernand Dabuet On 09/03/2026 at 04:39 PM

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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 , 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245

FACILITY NAME: GLEN PARK AT LONG BEACH **FACILITY NUMBER:** 198602134

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 09/03/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 10/03/2026 **Section Cited** CCR 87303(a)	1 2 3 4 5 6 7	87303 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.	1 2 3 4 5 6 7	Licensee must comply with Title 22 Section 87303 and repair missing screen doors, cabinet doors, and the toilet that is not flushing properly. Proof of correction, including photos of the repairs, must be submitted by the due date of 10/03/26 to 424-544-1016.
	8 9 10 11 12 13 14	This requirement is not met as evidenced by Based on observation, the Licensee failed to ensure the facility is in good repair. The room is missing screen doors and cabinet doors. A toilet is not in working condition. This violation poses a potential Health and Safety risk to residents in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

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: Janae Hammond

NAME OF LICENSING PROGRAM ANALYST: Ernand Dabuet

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/03/2026