<meta name="robots" content="noindex">

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198602361
Report Date: 12/30/2025
Date Signed: 12/30/2025 12:07:10 PM

Document Has Been Signed on 12/30/2025 12:07 PM **- It Cannot Be Edited**

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:	PRIMECARE FACILITY HOME INC		FACILITY NUMBER:	198602361
ADMINISTRATOR/ DIRECTOR:	KEERTHISINGHE, HIRANSHA		FACILITY TYPE:	740
ADDRESS:	18603 JEFFREY AVE		TELEPHONE:	(562) 286-3516
CITY:	CERRITOS	STATE: CA	ZIP CODE:	90703
CAPACITY: 6		CENSUS: 6	DATE:	12/30/2025
TYPE OF VISIT:	Case Management - Annual Continuation	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	10:48 AM
MET WITH:	Administrator- Hiransha Keerthisinghe		TIME VISIT/ INSPECTION COMPLETED:	12:05 PM

NARRATIVE

Licensing Program Analyst (LPA) Elena Mallett conducted an unannounced Annual Continuation visit to complete the CARE tool domains that were not completed during the original visit. The original visit was conducted on 12/29/25. LPA Mallett was met by Administrator Hiransha Keerthisinghe and the purpose of the visit was explained. The facility is licensed to serve 6 Non-Ambulatory Residents, one of which may be bedridden, ages 60 and above, with a hospice waiver for (4) four. Currently none of the residents are bedridden. One resident is on hospice.

LPA utilized Compliance and Regulatory Enforcement (CARE) tools for the visit today and for the initial visit. LPA observed the following during today's visit:

Infection Control: Staff are cleaning and disinfecting throughout the day. Facility has sufficient PPE supplies and has an Infection Control Plan maintained at the facility.

Operational Requirements: The facility has an approved fire clearance, there is a plan of operation with required Infection Control Plan and facility maintains current, required liability insurance.

Physical Plant & Environment Safety:

Staffing: There appears to be sufficient staffing at all times in the facility. With night staff that is trained and able to assist in care and supervision of the residents in the case of an emergency.

(Continued on LIC809-C)

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros
NAME OF LICENSING PROGRAM ANALYST: Elena Mallett

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/30/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.

- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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: PRIMECARE FACILITY HOME INC **FACILITY NUMBER:** 198602361

VISIT DATE: 12/30/2025

NARRATIVE

Personnel Records-Training: Staff files are kept in a secure area. All staff have criminal record clearances, current First-Aid/CPR/AED training along with annual ongoing Dementia and Care for the Elderly population training documented in personnel files. LPA reviewed 3 staff files with no issues observed. Administrator Hiransha Keerthisinghe certificate expires on 05/13/26.

Resident Records-Incident Reports: Resident files are kept in a secure location and have the following documents in their files - Pre-admission appraisals, Needs & Services Plan, Admission Agreements, Identification & Emergency Information and current Physician's Reports with ambulatory status. LPA reviewed 4 Resident Files with no issues observed.

Residents Rights-Information: Residents are provided with telephone and internet at the facility. The facility has the following posters posted: Residents Rights, Complaint Poster, and Ombudsman.

Planned Activities: Facility provides scheduled activities and has a variety of activities to choose from within the facility. There is an outdoor activity area available for the residents.

Incidental Medical & Dental: Medication is properly labeled and are centrally stored in a locked closet and are in their original containers. 4 resident medication logs were reviewed with no issues.

Disaster Preparedness: The facility has an Emergency Disaster Plan with contact numbers and at least 2 relocation sites. A complete First Aid kit with Manual was observed. Operable emergency lamps were observed.

Residents with Special Health Needs: There are no bedridden residents at this time. One resident is using hospice, and a hospice care plan was observed.

Three staff and four resident interviews were conducted.

Per California Code of Regulations, Title 22, and California Health and Safety Code, there were no deficiencies observed during the visit.

An exit interview was held with Administrator Keerthisinghe and a copy of this Licensing report was provided.

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros
NAME OF LICENSING PROGRAM ANALYST: Elena Mallett
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 12/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 12/30/2025