

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198602554
Report Date: 10/07/2025
Date Signed: 10/07/2025 03:17:04 PM

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

FACILITY NAME:	KOREAN SENIOR CARE	FACILITY NUMBER:	198602554
ADMINISTRATOR/HAN, SEONG SOO		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	20621 SEINE AVENUE	TELEPHONE:	(714) 504-4257
CITY:	LAKEWOOD	STATE: CA	ZIP CODE: 90715
CAPACITY: 6		CENSUS: 6	DATE: 10/07/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/	INSPECTION 12:31 PM
		BEGAN:	
MET WITH:	Administrator Phyllis Lee	TIME VISIT/	
		INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst's (LPA's) Christian Gutierrez, and Elena Mallett conducted the required
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6	The facility is a single-story home located in Lakewood, Ca. A tour of the facility includes: 4 resident
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11	All resident bedrooms were toured. Each bedroom has a bed, linen, dresser, and lighting. LPA's
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NAME OF LICENSING PROGRAM MANAGER:	David Sicairos
NAME OF LICENSING PROGRAM ANALYST:	Christian Gutierrez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/07/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/07/2025

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 III, 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 10/07/2025 at 02:20 PM
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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: KOREAN SENIOR CARE

FACILITY NUMBER: 198602554

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/07/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	HSC	1569.311	
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Regulations

Every residential care facility for the elderly shall have one or more carbon monoxide detectors in the facility that meet the standards established in Chapter 8 (commencing with Section 13260) of Part 2 of Division 12. The department shall account for the presence of these detectors during inspections.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above no carbon monoxide detector was observed during visit which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 10/08/2025
	Plan of Correction
1 2 3 4	Administrator will install carbon monoxide detector and send LPA picture by POC due date.

	Type A	Section Cited	HSC	1569.618(c)(3)	
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Other Provisions

(c)The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following: (3) Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on the premises at all times. This paragraph shall not be construed to require staff to provide CPR.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in three (3) out of three (3) staff did not have a current CPR which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 10/08/2025
	Plan of Correction
1 2	Administrator will send CPR for S1, S2, and S3 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: 10/07/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 10/07/2025

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87608(a)(5)(B)	
Postural Supports					
(B) Bed rails that extend the entire length of the bed are prohibited except for residents who are currently receiving hospice care and have a hospice care plan that specifies the need for full bed rails.					
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 R6 had full bed rails with no order and not on hospice care which poses an immediate health, safety or personal rights risk to persons in care.				
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4					
	POC Due Date: 10/08/2025				
	Plan of Correction				
1	Administrator will remove bed rails and send LPA pictures by POC due date.				
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4					
		Section Cited			

	Deficient Practice Statement
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	POC Due Date:
	Plan of Correction

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

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DEFICIENCY INFORMATION FOR THIS PAGE:

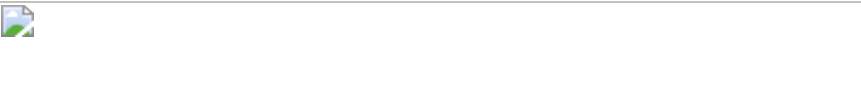
VISIT DATE: 10/07/2025

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 one room did not have working smoke detector in bedroom which poses/posed a potential health, safety or personal rights risk to persons in care.				
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	POC Due Date: 10/08/2025				
	Plan of Correction				
1	Administrator changed battieries at time of visit deficiencie cleared.				
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	Type B	Section Cited	CCR	87303(e)(2)	
Maintenance and Operation					
(e) Water supplies and plumbing fixtures shall be maintained as follows: (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 2 3 4	Based on observation, the licensee did not comply with the section cited above resident and staff bathroom did not have hot water R1 83.2 and R2 81.7 which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 10/14/2025
	Plan of Correction
1 2 3 4	Administrator will adjust water temperature and send LPA picture by POC due date. Administrator will create one week water log and send to LPA.

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

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87305(a)	
Alterations to Existing Buildings or New Facilities					
(a) Prior to construction or alterations, all facilities shall obtain a building permit.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1 2 3 4	Based on observation, the licensee did not comply with the section cited above garage was turned into staff bedroom which poses/posed a potential health, safety or personal rights risk to persons in care.				
	POC Due Date: 10/21/2025				
	Plan of Correction				
1 2	Administrator will obtain permits for city or remove items from garage and send pictures or permits to LPA by POC due date.				

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	Type B	Section Cited	CCR	87463(h)	
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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 five (5) out of six (6) residents did not have an updated physicians report 602 which poses/posed a potential health, safety or personal rights risk to persons in care.
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	POC Due Date: 10/21/2025
	Plan of Correction
1	Administrator will send documents to LPA by POC due date. R1 updated 602, R2 updated 602, R3 updated 602 and appraisal needs and service, R4 updated 602 appraisal needs and service plan, R5 incomplete 602, R6 updated 602.
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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	Type B	Section Cited	HSC	1569.695(c)	
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Other Provisions

(c) A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.

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 facility did conduct any drills which poses/posed a potential health, safety or personal rights risk to persons in care.
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	POC Due Date: 10/14/2025
	Plan of Correction
1	Administrator will conduct drills with staff and send to LPA by POC due date.
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		Section Cited			
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	Deficient Practice Statement
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	POC Due Date:
	Plan of Correction
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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NARRATIVE	
1	Three staff files reviewed included criminal clearance record, health screening with TB, three (3) out of three (3) staff did not have valid CPR/First Aid. Five (5) out of six (6) resident files reviewed and did not have updated physicians' reports, R3 and R4 were missing appraisal needs and service plans. No fire/earthquake drill was available. Infectious control plan was reviewed. Six (6) resident medications were reviewed. Medications are centrally stored and locked MAR log is used.
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7	Per California Code of Regulations, Title 22, and California Health and Safety Code, the deficiencies observed during the visit are documented on the LIC809Ds. Exit interview was held and a copy of the report along with appeal rights will be emailed due to printer problems.
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