

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198602633
Report Date: 02/24/2026
Date Signed: 02/24/2026 02:52:18 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:	GIANA'S HOME #1	FACILITY NUMBER:	198602633
ADMINISTRATOR/DIRECTOR:	FRANCIS MEJIA	FACILITY TYPE:	740
ADDRESS:	4263 LA JUNTA DRIVE	TELEPHONE:	(909) 534-0132
CITY:	CLAREMONT	STATE:	CA
CAPACITY:	6	ZIP CODE:	91711
TYPE OF VISIT:	Required - 1 Year	CENSUS:	6
		DATE:	02/24/2026
		UNANNOUNCED TIME VISIT/INSPECTION	09:00 AM
		BEGAN:	
MET WITH:		TIME VISIT/INSPECTION	03:15 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Gabriela Castro conducted an unannounced required annual
2	inspection using the Compliance and Regulatory Enforcement (CARE) Tool. LPA was greeted by Abigail
3	Lopez, who was informed of the purpose of the visit. Administrators Shelly Yashamiro and Xiomara
4	Valencia arrived thereafter.
5	
6	The facility's fire clearance is approved for six (6) residents age 60 and over, including up to six (6) non-
7	ambulatory residents, of whom one (1) may be bedridden. The facility also holds a hospice waiver for six
8	(6) residents.
9	
10	At the time of inspection, four (4) residents were under hospice care.
11	
12	Facility Tour & Observations
13	
14	Personal Rights postings (LIC 613C and Ombudsman), Complaint Poster (PUB 475), and
15	nondiscrimination notice were observed in a common area. Residents had access to personal space,
16	privacy, and adequate storage. No firearms/weapons were present.
17	
18	Required "Oxygen in Use" signage was posted in visible locations throughout the facility in accordance
19	with safety requirements.
20	
21	Physical Plant
22	
23	The facility is in a residential neighborhood and is a single-story home consisting of four (4) resident
24	bedrooms, three (3) bathrooms (one of which is a private shared bathroom), a living room, kitchen,
25	dining area/tv room, a caregiver corridor and restroom located prior to entering the attached garage,
	front yard, and backyard. All bedrooms observed contained the required furnishings, including a bed,
	mattress, linens, dresser, chair, and adequate lighting. LPA observed that cleaning supplies and other
	toxic substances were accessible to residents and located under the kitchen sink without a lock. During

LPA's visit, the administrator secured the cleaning supplies and toxic substances in a locked cabinet located in the kitchen.

(continued on 809C)

NAME OF LICENSING PROGRAM MANAGER: David Sicairos

NAME OF LICENSING PROGRAM ANALYST: Gabriela Castro

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/24/2026

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

FACILITY NAME: GIANA'S HOME #1

FACILITY NUMBER: 198602633

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/24/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87202(a)(2)	
Fire Clearance					
(a) All facilities shall maintain a fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal. Prior to accepting or retaining any of the following types of persons, the applicant or licensee shall notify the licensing agency and obtain an appropriate fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal: (2) Bedridden persons					
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, as the Licensee did not adhere to the approved fire clearance permitting one (1) bedridden resident; however, the facility had two (2) bedridden residents.				
2					
3					
4					
	POC Due Date: 02/25/2026				
	Plan of Correction				
1	The Administrator will request updated physician's reports for Residents R2 and R6. The Administrator will ensure that bedridden residents are placed in the approved bedridden room, identified as Bedroom 4, in accordance with the facility's fire clearance, or will request an updated fire clearance if needed.				
2					
3					
4					
	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	Based on observation during the facility walkthrough, LPA tested the hot water temperatures in three (3) restrooms. Two (2) restrooms accessible to residents measured hot water temperatures exceeding				
2					

3	130°F, which is outside the required range of 105°F–120°F.
4	
	POC Due Date: 02/25/2026
	Plan of Correction
1	The Administrator will lower the hot water temperature to meet regulatory requirements and maintain a
2	temperature log for Restroom 1 and Restroom 2 for one (1) week.
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:	Gabriela Castro
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/24/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 02/24/2026

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: GIANA'S HOME #1

FACILITY NUMBER: 198602633

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/24/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	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	Based on observation, the Licensee did not comply with the section cited above, as the kitchen cabinet				
2	door and kitchen cabinet drawer did not have a lock, which posed an immediate health and safety risk to				
3	persons in care.				
4					
	POC Due Date: 02/25/2026				
	Plan of Correction				
1	Licensee shall ensure that disinfectants, cleaning solutions and sharp items (knives) be locked at all				
2	times. Licensee is to add locks to cabinet, kitchen drawer or replace in a locked area.				
3					
4	***POC cleared at the time of visit.***				
		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.

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NAME OF LICENSING PROGRAM ANALYST:	Gabriela Castro
LICENSING PROGRAM ANALYST SIGNATURE:	
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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: GIANA'S HOME #1

FACILITY NUMBER: 198602633

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/24/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87458(c)(1)(A)	
Medical Assessment					
(c) The medical assessment shall include, but not be limited to: (1) A physical examination of the resident indicating the licensed medical professional's diagnosis or diagnoses and results of an examination for all of the following: (A) Communicable tuberculosis.					
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 two (2) out of six (6)				
2	residents did not have TB test on file which poses/posed a potential health, safety or personal rights risk				
3	to persons in care.				
4					
	POC Due Date: 03/20/2026				
	Plan of Correction				
1	Administrator will obtain TB test results for residents R2 and R5 and submit results by POC date.				
2					

18An additional refrigerator containing food was observed in the garage. Refrigerators and freezers were
19maintained at proper temperatures (refrigerators at a maximum of 40°F and freezers at 0°F) and
20contained a sufficient supply of food, including at least two (2) days of perishable food and seven (7)
21days of non-perishable food. Fresh produce, proteins, and dry goods were stocked. LPA observed that
22kitchen knives were accessible to six (6) out of six (6) residents in care due to being stored in an
23unlocked kitchen drawer. During the visit, the Licensee/Administrator corrected the issue by securing the
24knives in a locked location.
25

26**Health-Related Services & Records**
27

28Six (6) resident files were reviewed. While the files contained current required documentation including
29Admission Agreements, signed consents, Needs and Service Plans, Physician's Reports documenting
30TB results and ambulatory status, and Resident Rights acknowledgments, LPA observed that Resident
312 (R2) and Resident 5 (R5) were missing required TB test.
32

Three (3) residents' medications were reviewed. Medications were observed to be centrally stored in a
locked closet located by the dining room area.

Disaster Preparedness

Last fire/earthquake drill was conducted on September 2, 2025, with logs available. LIC 610D
Emergency Disaster Plan was available and updated. Emergency supplies (water, food, flashlights,
batteries, first aid) were observed. Infection Control Plan was updated.

(continued on 809C)

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LIC809 (FAS) - (06/04)Page: 9 of 10

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: GIANA'S HOME #1**FACILITY NUMBER:** 198602633
VISIT DATE: 02/24/2026

NARRATIVE

1**Personnel Records & Training**
2
3Four (4) staff files were reviewed and included criminal record clearances, CPR/First Aid, required
4training and TB screenings. Administrator Certificate for Xiomara Valencia was valid through February
525, 2027.
6
7**Insurance**
8
9Liability insurance was in compliance with an expiration date of May 05, 2026.
10
11An exit interview was conducted with the Administrator Xiomara Valencia. During the inspection,
12deficiencies were observed and cited on the attached LIC 809D/809C in accordance with Title 22,
13Division 6 regulations. A copy of this report, LIC 809D/809C, and appeal rights will be provided.
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NAME OF LICENSING PROGRAM MANAGER: David Sicairos	
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