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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603040
Report Date: 06/16/2026
Date Signed: 06/16/2026 05:33:46 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 CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754

FACILITY NAME:	SPRINGVILLE		FACILITY NUMBER:	198603040
ADMINISTRATOR/ DIRECTOR:	FAN, LINDA L		FACILITY TYPE:	740
ADDRESS:	12755 TORCH ST		TELEPHONE:	(626) 337-7288
CITY:	BALDWIN PARK	STATE: CA	ZIP CODE:	91706
CAPACITY: 43		CENSUS: 32	DATE:	06/16/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:25 AM
MET WITH:	Linda Fan, Administrator and Sabrina Liu, Assistant Administrator		TIME VISIT/ INSPECTION COMPLETED:	05:30 PM

NARRATIVE

Licensing Program Analysts (LPA) Nune Margaryan conducted an unannounced annual visit using the Care Tool. LPA met with Administrator Linda Fan and Sabrina Liu, Assistant Administrator who assisted with visit. LPA explained the reason for the visit. The facility is licensed for residents age range 60 and over. Approved for 29 non-ambulatory residents of which 14 may be bedridden. Facility approved Hospice waiver for 10. There is currently 1 residents on hospice.

The facility is a two story building. LPA toured the facility with Assistant Administrator. Inspected random selection of resident bedrooms on both floors, reception area, common area / activity exercise area, Administrator office / Medication area, laundry room, dining area, kitchen, linen supply room, cleaning supplies room, 3 public bathrooms, rest area (TV and computer room). The facility also has a large back patio area. There are no pools or large bodies of water. In the backyard LPA observed old kitchen utensils, bed rails, broken wood frames, window glass. The backyard patio area is well maintained and the common areas are clean and have the required furniture. The resident bathrooms have the required grabs bars and non-skid mat. The water temperature was tested in a random selection of resident bathrooms and was measured within Title 22 Regulation guidelines. Resident bedrooms have the required furniture such as bed frames, dressers, lamps, and chairs. Bedrooms also have sufficient closet space. Resident beds have the required linen, and the linen is in good condition. At the time of inspection, LPA observed 4 residents have a full bed rail on their beds and are not under hospice care (Rooms 204,209,223,227). Smoke/Carbon monoxide detectors observed throughout the facility and were operational. There are several fire extinguishers located throughout the facility and observed fully charged. Kitchen appliances are clean and were operating at the time of the visit. LPA observed several cans of food had expired on the kitchen shelves.

Continue 809C

NAME OF LICENSING PROGRAM MANAGER: Wei Siew Ho
NAME OF LICENSING PROGRAM ANALYST: Nune Margaryan

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/16/2026

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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Created By: Nune Margaryan On 06/16/2026 at 03:44 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 , 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754

FACILITY NAME: SPRINGVILLE **FACILITY NUMBER:** 198603040
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 06/16/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87555(b)(28)	

General Food Service Requirements

(28) All food shall be protected against contamination. Contaminated food shall be discarded immediately upon discovery.

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. LPA observed several cans of food had expired on the kitchen shelves which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 06/17/2026
	Plan of Correction
1 2 3 4	Licensee / Administrator shall conduct an inventory of all canned food / goods and discard all expired canned food. Submit a written plan stating what was done, and proof of staff training by POC due date.

		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.

NAME OF LICENSING PROGRAM MANAGER:	Wei Siew Ho
NAME OF LICENSING PROGRAM ANALYST:	Nune Margaryan

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/16/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87307(d)(6)	

Personal Accommodations and Services

(6) All outdoor and indoor passageways and stairways shall be kept free of obstruction.

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. In the backyard LPA observed old kitchen utensils, bed rails, broken wood frames, window glass, which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 06/22/2026
	Plan of Correction
1 2 3 4	Licensee / Administrator shall ensure that all outdoor passageways are free of obstruction by the POC date and provide proof to the department.

	Type B	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 2 3 4	Based on observation and record review, the licensee did not comply with the section cited above. 4 residents have a full bed rail on their beds and are not under hospice care, which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 06/22/2026
	Plan of Correction
1 2 3 4	Licensee / Administrator will switch full bed to half bed rails per the physician's half bed rail request / order and submit to the department pictures of the bed with half bed rails by POC due date.

or will communicate with family and physician to evaluate the need for hospice care and will

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: Wei Siew Ho

NAME OF LICENSING PROGRAM ANALYST: Nune Margaryan

LICENSING PROGRAM ANALYST SIGNATURE:

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DATE: 06/16/2026

NARRATIVE

Sharps are locked in the kitchen and are inaccessible to residents. Food supply adequate stored in the kitchen, storage room and consists of the following: 2 days perishable and 7 days non-perishable food supply. Cleaning supplies and toxins were observed in the laundry room and supply room locked and inaccessible to residents. LPA reviewed 4 resident and 4 staff records. All records are updated. LPA confirmed staff working have fingerprint clearances. LPA reviewed 4 residents' medications. Medications are documented properly and given as prescribed. First Aid kit was fully stocked with current manual. Last fire drill conducted on 6/10/26. Per California Code of Regulations, Title 22, the deficiencies observed are documented on the attached 809D.

Exit interview held. A copy of the report and appeal rights were provided to Assistant Administrator

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