

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 198603040

Report Date: 11/05/2025

Date Signed: 11/05/2025 02:39:11 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
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FACILITY NAME: SPRINGVILLE	FACILITY NUMBER: 198603040
ADMINISTRATOR/FAN, LINDA L DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 12755 TORCH ST	TELEPHONE: (626) 337-7288
CITY: BALDWIN PARK	STATE: CA
CAPACITY: 43	ZIP CODE: 91706
TYPE OF VISIT: Office	CENSUS: 31
	DATE: 11/05/2025
	UNANNOUNCED TIME VISIT/ INSPECTION 01:30 PM
	BEGAN: TIME VISIT/ INSPECTION 02:45 PM
MET WITH: Linda Fan - Licensee/Administrator	COMPLETED:

### NARRATIVE

1 Regional Manager Tony Vasallo, Licensing Program Manager David Sicairos, Licensing Program  
 2 Analyst Mary Flores conducted a Non-Compliance Meeting at the Regional Office with  
 3 Administrator/Licensee Linda Fan, and Assistant Administrator Sabrina Liu.

4  
 5 During the meeting the following was discussed:

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- 7
- 8 • On 10/12/23 and 9/28/23 Licensing Program Analyst (LPA)s Mary Flores and Christine Wong  
 9 delivered SUBSTANTIATED findings regarding allegation a resident sustaining a fracture due to  
 10 staff neglect and staff did not seek medical attention in a timely manner . Facility retained a  
 11 resident with a prohibited health condition and facility received a resident with pressure injury.  
 12 Findings were delivered at the facility and informed Administrator Linda Fan that an Additional  
 13 Civil Penalty was being considered.
- 14
- 15 • On 6/17/25 LPA Blanca Gonzalez conducted an annual visit and noted deficiencies under Title 22  
 16 Regulations for 87465 Incidental Medical and Dental Care Services.
- 17 • On 6/21/24 LPA Nune Margaryan conducted an annual visit and noted deficiencies under Title 22  
 18 Regulations for 87465 Incidental Medical and Dental Care Services.
- 19 • On 5/5/23 LPA Kimberly Ramirez conducted a case management visit and noted deficiencies  
 20 under Title 22 Regulations for 87465 Incidental Medical and Dental Care and 87705 Care of  
 21 Persons with Dementia.
- 22 • On 6/22/23 LPA Christine Wong conducted an annual visit and noted deficiencies under Title 22  
 23 Regulations for 87705 Care of Persons with Dementia.
- 24 • On 6/15/22 LPA Nune Magaryan conducted an unannounced annual visit and noted deficiencies  
 25 for Title 22 Regulations 87705 Care of Persons with Dementia, 87303 Maintenance and  
 Operation, 87355 Criminal Record Clearance. (CONTINUED ON LIC 809C)

**NAME OF LICENSING PROGRAM MANAGER:** Wei Siew Ho  
**NAME OF LICENSING PROGRAM ANALYST:** Mary G Flores  
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/05/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/05/2025

**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  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION MONTEREY PARK ASC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
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**FACILITY NAME:** SPRINGVILLE

**FACILITY NUMBER:** 198603040

**VISIT DATE:** 11/05/2025

**NARRATIVE**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>Licensee has implemented the following to bring the facility back into compliance:</p> <ul style="list-style-type: none"> <li>• Administrator has began to document all communication with the responsible parties.</li> <li>• Administrator has trained staff to communicate all incidents to provide detail information regarding incidents.</li> <li>• Administrator has provided training to staff to ensure when a two caregiver transfer is required is provided by two caregivers.</li> <li>• Administrator initiated sending residents to the hospital upon changes in condition in a timely manner.</li> </ul> <p>Exit interview was conducted with Licensee/Administrator Linda Fan and a copy of this report and LIC9111 was provided.</p>
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Wei Siew Ho	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Mary G Flores	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 11/05/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 11/05/2025
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