

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603198
Report Date: 10/27/2025
Date Signed: 10/28/2025 07:58:14 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
FACILITY EVALUATION REPORT	

FACILITY NAME:	BRIGHTEN COTTAGES - PARKCREST	FACILITY NUMBER:	198603198
ADMINISTRATOR/ROMAN, ELSA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	5818 E PARKCREST STREET	TELEPHONE:	(562) 452-7409
CITY:	LONG BEACH	STATE: CA	ZIP CODE: 90808
CAPACITY: 6		CENSUS: 6	DATE: 10/27/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	12:45 PM
		BEGAN:	
MET WITH:	Jose Umana , Administrator	TIME VISIT/INSPECTION	04:30 PM
		COMPLETED:	

NARRATIVE	
1	On 10/27/2025 at 12:45pm, Licensing Program Analyst (LPA) Zina Brown conducted an unannounced visit to the above facility. The purpose of today's visit was to conduct the one year inspection. LPA met with Jose Umana , Administrator and the purpose of the visit was discussed. The facility is licensed to serve 6 non- ambulatory of which 1 may be bedridden (bedroom #5 approved for bedridden) and approved for two (2) hospice waivers. The facility has four (4) of the residents are diagnosed with dementia, one (1) hospice, zero (0) home health resident and zero (0) bedridden resident. The facility does not handle any of the residents' money.
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9	The facility has a current administrator Jose Umana has a certificate 7001004740 (valid 07/06/2025 - 07/05/2027). The last fire drill was conducted on 09/10/2025 The facility has liability insurance with James River Insurance Company (NAIC#12203) with an effective date as of 08/01/2025 - 08/01/2026 with each occurrence at \$1,000,000 and general aggregate at \$3,000,000 (Policy #001200934).
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14	The home is a single story home consisting of: (6) resident bedrooms, (4) full bathrooms, living room, kitchen with dining area, laundry room (located in the hallway) and an outdoor shaded patio area.
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17	Between the hours of 1:22pm - 3:00pm LPA reviewed (6) resident records, (6) staff records (1) Hospice Care Plan and and (6) Client Medication Administration Records. The last disaster drill was conducted on 09/10/2025.
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21	Report continues on LIC 809-C
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NAME OF LICENSING PROGRAM MANAGER: Janae Hammond
NAME OF LICENSING PROGRAM ANALYST: Zina Brown

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/27/2025

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BRIGHTEN COTTAGES - PARKCREST

FACILITY NUMBER: 198603198
VISIT DATE: 10/27/2025

NARRATIVE	
1	Between the hours of 12:55pm - 1:20pm, LPA Zina Brown conducted a toured with Jose Umana (administrator) the inside and outside of the facility. All client room were checked. Resident bedrooms had the required furniture had the required furniture, bed linens and closet/drawer space to accommodate each resident comfortably. Resident bathrooms were checked. Toilets and water faucets worked properly, grab bars were secure, shower was free of mold/mildew and a non-skid mat was in place, water temperature measured at 118.5°F, 117.6 °F, 118.7°F . Resident bath towels, toiletries and personal hygiene supplies were adequately stocked. Common areas were clean and clear of hazards; doorways were free of obstructions. Kitchen was checked and observed to be within Title 22 regulations. Perishable and non-perishable food supply was checked. All cleaning solutions, hazardous items, and medications were securely locked and inaccessible to residents. Smoke detectors were working properly, and fire extinguisher was fully charged. Carbon monoxide detector was operational. First Aid kit was available. Outside grounds were toured and no bodies of water were observed. Walkways around the home were clear of hazards. There are no security bars or weapons on the premises. According to the California Code of Regulations (Title 22, Division 6, Chapter 8), LPA did observe deficiencies such as missing TB Test Results for Resident #4, missing LIC 503 Health Screening for Staff #4 and Physician Order for half-bed rails for Resident #2, Resident #3 and Resident #6. Citations were issued at this time. An exit interview conducted, appeal rights explained, and a copy of this report was provided.
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NAME OF LICENSING PROGRAM MANAGER: Janae Hammond	
NAME OF LICENSING PROGRAM ANALYST: Zina Brown	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 10/27/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 10/27/2025

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FACILITY EVALUATION REPORT (Cont)CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 400 CONTINENTAL BLVD, STE 340
EL SEGUNDO, CA 90245**FACILITY NAME:** BRIGHTEN COTTAGES - PARKCREST**FACILITY NUMBER:** 198603198**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 10/27/2025**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87458(c)(1)(A)	
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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 observation, interview, and record review, the licensee did not comply with the section cited above for 1 out of 6 resident which poses/posed a potential health, safety or personal rights risk to persons in care.
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	POC Due Date: 11/10/2025
	Plan of Correction
1	The administrator submit proof of TB Test Results for Resident #4 by the plan of correction due date and email proof to LPA Brown at Zina.Brown@dss.ca.gov
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	Type B	Section Cited	CCR	87608(a)(3)	
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87608 Postural Supports: (a) Based on the individual's preadmission appraisal, and subsequent changes to that appraisal, the facility shall provide assistance and care for the resident in those activities of daily living which the resident is unable to do for himself/herself. Postural supports may be used under the following conditions. (3) A written order from a physician indicating the need for the postural support shall be maintained in the resident's record. The licensing agency shall be authorized to require other additional documentation if needed to verify the order.

This requirement is not met as evidenced by:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, interview, and record review, the licensee did not comply with the section cited above for 3 out of 6 residents which poses/posed a potential health, safety or personal rights risk to persons in care.
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	POC Due Date: 11/10/2025
	Plan of Correction
1	The admininstrator will submit proof of physician order for the use of half-bed rails for Resident 2, Resident 3 and Resident 6 by the plan of correction due date and email proof to LPA Brown at Zina.Brown@dss.ca.gov
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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.

NAME OF LICENSING PROGRAM MANAGER:	Janae Hammond
NAME OF LICENSING PROGRAM ANALYST:	Zina Brown
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 10/27/2025

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

**Document Has Been Signed on 10/28/2025 07:58 AM - It Cannot Be Edited****Created By: Zina Brown On 10/27/2025 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
, 400 CONTINENTAL BLVD, STE 340
EL SEGUNDO, CA 90245**FACILITY NAME:** BRIGHTEN COTTAGES - PARKCREST**FACILITY NUMBER:** 198603198**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 10/27/2025**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87465(a)(4)	
Incidental Medical and Dental Care A plan for incidental medical and dental care shall be developed by each facility. The plan shall encourage routine medical and dental care and provide for assistance in obtaining such care, by compliance with the following: The licensee shall assist residents with self-administered medications as needed. This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on interview and record review, the administrator did not comply with the section cited above as the medication administration record (MAR) indicating that medication(s) were given to Resident 3 & Resident 6 as prescribed, however the medication given was not signed for as being administer which poses/posed a potential health, safety or personal rights risk to persons in care.				
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	POC Due Date: 11/10/2025				
	Plan of Correction				
1	The administrator will ensure toconduct an in-service medication training for all staff and must be documented. The completion of medication training must be submitted to the department by plan of correction and must email proof at Zina.Brown@dss.ca.gov				
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	Type B	Section Cited	CCR	87411(f)	
All personnel, including the licensee and administrator, shall be in good health, and physically and mentally capable of performing assigned tasks. Good physical health shall be verified by a health screening, including a chest x-ray or an intradermal test, performed by a physician not more than six (6) months prior to or seven (7) days after employment or licensure. A report shall be made of each screening, signed by the examining physician. The report shall indicate whether the person is physically qualified to perform the duties to be assigned. This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on records review, the admininstrator did not comply with have a health screening on file for Staff 4 which poses/posed a potential health, safety or personal rights risk to persons in care.				
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	POC Due Date: 11/10/2025				
	Plan of Correction				
1	The administrator will ensure Staff 4 will complete LIC 503 Health Screening and must submit proof by plan of correction due date to the department by email at Zina.Brown@dss.ca.gov				
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NAME OF LICENSING PROGRAM MANAGER:	Janae Hammond
NAME OF LICENSING PROGRAM ANALYST:	Zina Brown
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FACILITY REPRESENTATIVE SIGNATURE:	
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