

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 198603270

Report Date: 01/08/2026

Date Signed: 01/08/2026 12:47:22 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	GRANT SERENITY HOMES OF PASADENA, INC.	FACILITY NUMBER:	198603270
ADMINISTRATOR/DIANA CASTELLANOS DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	1745 WAGNER STREET	TELEPHONE:	(818) 425-6797
CITY:	PASADENA	STATE: CA	ZIP CODE: 91106
CAPACITY:	6	CENSUS: 6	DATE: 01/08/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	09:15 AM
MET WITH:	David Fontecha	BEGAN: TIME VISIT/ INSPECTION	12:45 PM
		COMPLETED:	

### NARRATIVE

1 Licensing Program Analyst (LPA) Nune Margaryan conducted an Annual Required visit and inspection of  
2 the facility. LPA met with staff David Fontecha. Shortly after Administrator Diana Castellanos arrived and  
3 assisted with the visit. LPA explained the purpose of the visit. During the visit, the CARE tool was used.  
4 The facility is licensed to serve 6 non-ambulatory residents age range 60 and over, of which 1 may be  
5 bedridden and hospice waiver for 6. The facility has 6 bedrooms, 1 bathroom, a dining room, a living  
6 room, a detached garage, a detached laundry room, back patio and a front yard.

8 The facility is a single-story home, located in a residential area, that consists of a living room, dining  
9 room, six (6) resident bedrooms, one (1) bathroom, a kitchen, and detached garage. Laundry room was  
10 observed at the back of facility. All indoor and outdoor passageways were free of obstruction. The front  
11 and backyard are well maintained. No pools and bodies of water on the premises. There is a shaded  
12 seating area for the residents located in the backyard. The kitchen was inspected. LPA observed all  
13 kitchen equipment to be clean and in working condition. LPA observed sufficient supply of perishable  
14 and non-perishable foods. Additional food supplies observed in the garage. Appliances such as a  
15 microwave, refrigerator and stove were observed to be clean and operated properly. Sharps are locked  
16 and inaccessible to residents. Cleaning solutions and disinfectants was observed locked in the laundry  
17 room. The common areas (dining room, living room) are clean and were properly furnished. Resident  
18 rooms were sanitary and had the required furniture and furnishings. There is closet space for clothing  
19 and other belongings. Extra clean linen were observed in each residents room. The resident bathroom is  
20 clean and operational w/grab bars and non-skid surface/mats in place. The hot water temperature was  
21 tested and maintained within the required range of 105-120°F. Fire extinguishers were observed at the  
22 facility fully charged (1 in the kitchen and 1 in the living room).

23  
24 Continue 809C  
25

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

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 01/08/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 01/08/2026

**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 01/08/2026 at 11:35 AM**  
**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
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**FACILITY NAME:** GRANT SERENITY HOMES OF PASADENA, INC.  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 198603270  
**VISIT DATE:** 01/08/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type A</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87355(e)</b>	
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**Criminal Record Clearance**

(e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility:  
  
 This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on observation and record review, the licensee did not comply with the section cited above. During the visit LPA observed that staff Staff 1 (S1) was not have a criminal record clearance, which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	<b>POC Due Date:</b> 01/08/2026
	<b>Plan of Correction</b>
1	Staff 1 left the facility. The licensee will ensure all individuals subjects to a criminal record shall prior to working, residing or volunteering in a licensed facility.
2	
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4	

		<b>Section Cited</b>			
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	<b>Deficient Practice Statement</b>
1	
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	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
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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.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Wei Siew Ho
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Nune Margaryan

[Signature area]

DATE: 01/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature area]

DATE: 01/08/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
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FACILITY NAME: GRANT SERENITY HOMES OF PASADENA, INC.

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VISIT DATE: 01/08/2026

NARRATIVE

1 Carbon monoxide / Smoke detectors were observed throughout the facility and were tested and  
 2 operable. Auditory alarm devices to monitor exits were operable. Last fire drill was conducted on  
 3 11/05/2025. The first aid kit was observed and found to be in compliance with the Title 22 Regulations  
 4 LPA reviewed clients and staff files. LPA observed that Staff 1 (S1) did not have a criminal record  
 5 clearance. LPA reviewed clients medications. Medications are documented properly and given as  
 6 prescribed.  
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 8 Deficiency cited, civil penalty was issued.  
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 10 An exit interview was conducted. A copy of this report with appeal rights were provided to Administrator.  
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NAME OF LICENSING PROGRAM ANALYST: Nune Margaryan  
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