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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603348
Report Date: 08/04/2026
Date Signed: 08/12/2026 02:24:15 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:	MERRILL GARDENS AT WEST COVINA		FACILITY NUMBER:	198603348
ADMINISTRATOR/ DIRECTOR:	FISCHER, SHERRY		FACILITY TYPE:	740
ADDRESS:	1400 WEST COVINA PKWY		TELEPHONE:	(626) 587-4318
CITY:	WEST COVINA	STATE: CA	ZIP CODE:	91790
CAPACITY: 150		CENSUS: 107	DATE:	08/04/2026
TYPE OF VISIT:	Annual/Random	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:10 AM
MET WITH:	Sherry Fischer, Admimistrator		TIME VISIT/ INSPECTION COMPLETED:	02:45 PM

NARRATIVE

Licensing Program Analyst(LPA) Nune Margaryan conducted an unannounced annual visit using the Care Tool. LPA met with Sherry Fischer, Administrator, who assisted with visit. LPA explained the reason for the visit. Facility is licensed to serve residents over 60 years old, and approved for Dementia Care. Approved for 150 non-ambulatory, of which 15 may be bedridden, approved in rooms in memory care unit. Hospice Waiver approved for 15 residents. There are a total of 111 apartments, 13 of those in memory care unit and 2 of those 13 apartments are shared. This is a 5-story building. On the first floor (AL Unit), it included Receptionist/Front Desk, Staff Offices, Theater room/Activity Room, Resident Mailbox area, Salon/Spa Room, Maintenance Office, Wellness Center, Dining area, Facility Kitchen, Public bathrooms for Male and Female, Staff Lounge and Private Dining Room. Memory Care Unit (Garden House) is a secured building. It includes 13 residents rooms, living room, laundry room, public bathroom, medication room and office. A random sample of apartments were inspected on each floor/unit. Each resident apartment have the required furniture and sufficient lighting and closet space. The bathrooms are clean, sanitary and in a good working condition. All bathrooms have the required grab bar and non-skid mat. The hot water temperature was tested randomly chosen room / apartments and measured within Title 22 Regulation guidelines. A locked storage area for centrally stored medications were observed in both medication rooms (AL Unit and Memory Care Unit). First aid kits were observed throughout the facility which included all required supplies. The walls, ceilings, floors, windows, and areas around the facility were clean and in good repair. Several fire extinguishers were observed throughout the facility. Smoke /carbon monoxide detectors were operable.

Continue 809C

Wei Siew Ho
Nune Margaryan

	**DATE:** 08/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	**DATE:** 08/04/2026

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.

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

FACILITY NAME: MERRILL GARDENS AT WEST COVINA **FACILITY NUMBER:** 198603348

VISIT DATE: 08/04/2026

NARRATIVE

Facility kitchen was inspected. All appliances are clean and were operating at the time of the visit. Sharps are locked in the kitchen and are inaccessible to residents. Food supply adequate stored in the kitchen, storage room and there is sufficient perishable and non-perishable food.Cleaning supplies and toxins were observed locked and inaccessible to residents. Doors, exits, hallways, and passageways were clear and free of obstruction. There are no pools or bodies of water in or around the facility. The outdoor patio areas were observed to have well shaded areas and were furnished for outdoor use. The last fire drill was conducted on 7/20/26. LPA reviewed 7 resident records to confirm emergency contact is updated, physician's reports are on file, and admission agreements are complete. 5 staff records were reviewed to confirm health screenings, training, and fingerprint clearances. LPA reviewed residents medications. Medications are documented properly and given as prescribed.

No deficiencies were observed during today's visit.

Exit interview conducted and a copy of the report was provided to Administrator.

NAME OF LICENSING PROGRAM MANAGER: Wei Siew Ho
NAME OF LICENSING PROGRAM ANALYST: Nune Margaryan
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 08/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/04/2026