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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603383
Report Date: 07/30/2026
Date Signed: 08/05/2026 08:22:42 AM

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

FACILITY NAME:	TERRACES AT VIA VERDE-A MEMORY CARE COMMUNITY, THE		FACILITY NUMBER:	198603383
ADMINISTRATOR/ DIRECTOR:	KUMAR, SUBASHSANI		FACILITY TYPE:	740
ADDRESS:	1155 VIA VERDE		TELEPHONE:	(909) 293-6466
CITY:	SAN DIMAS	STATE: CA	ZIP CODE:	91773
CAPACITY: 60		CENSUS: 55	DATE:	07/30/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:00 AM
MET WITH:	Subashasi Kumar, Administrator		TIME VISIT/ INSPECTION COMPLETED:	04:00 PM

NARRATIVE

Licensing Program Analyst (LPA) Gabriela Castro conducted an unannounced required annual inspection utilizing the Compliance and Regulatory Enforcement (CARE) Tool. Upon arrival, LPA was greeted by facility staff, who were informed of the purpose of the visit. Facility Administrator Subashasi Kumar arrived thereafter and participated in the inspection.

The facility is licensed to provide care and supervision for sixty (60) non-ambulatory residents. All resident bedrooms are approved for non-ambulatory use. The facility is approved to retain no more than twenty (20) residents receiving hospice services. At the time of the inspection, there were five (5) residents receiving hospice care.

This version improves grammar, readability, and follows the formal style typically used in Community Care Licensing inspection reports.

Physical Plant and Environmental Safety:

The facility is a two-story building consisting of forty-three (43) resident bedrooms, two (2) activity rooms, an outdoor courtyard, two (2) dining rooms, a first-floor side patio, a second-floor terrace patio, a conference room, lobby, kitchen, employee lounge, and administrative offices. LPA inspected the interior and exterior physical plant. Exit doors were observed to be free of obstructions and accessible for emergency evacuation. Cleaning supplies and other toxic substances were observed to be stored in a manner that made them inaccessible to residents. LPA inspected ten (10) resident bedrooms and their associated bathrooms. All bedrooms contained the required furnishings in accordance with licensing regulations. Resident bathrooms were equipped with grab bars and non-slip flooring to promote resident safety. During the walkthrough, LPA observed housekeeping and maintenance issues that require correction. A deficiency will be issued. Water temperature readings taken during the inspection did not measure within the required range of 105°F to 120°F. The facility is equipped with evacuation chairs located in the stairwells for use during emergencies to assist residents in safely exiting the building. The facility also has an operational fire sprinkler system, smoke detectors, carbon monoxide detectors, and

	fully charged fire extinguishers. The most recent fire inspection was conducted by the California State Fire Marshal on January 20, 2025. (continued on 809C)

David Sicairos
Gabriela Castro

DATE: 07/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/30/2026

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: Gabriela Castro On 07/30/2026 at 02:26 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: TERRACES AT VIA VERDE-A MEMORY CARE COMMUNITY, THE **FACILITY NUMBER:** 198603383

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/30/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87303(a)	

Maintenance and Operation

(a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation during the facility walkthrough, LPA observed soiled incontinence briefs that had not been disposed of, small insects in a shared bathroom, a broken cabinet handle in a resident bathroom, and a common area restroom toilet needed cleaning and an uncovered trash can with trash to the top. LPA also observed the main living areas on both floors and the kitchen cabinets in need of cleaning, with several kitchen cabinets broken and in need of repair which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 08/17/2026
	Plan of Correction
1 2 3 4	By the POC due date, Administrator shall submit a written Plan of Correction describing how the facility will ensure the facility is maintained in a clean, safe, and sanitary condition. The licensee shall repair the identified maintenance issues and submit photographs documenting that the corrections have been completed.

	Type B	Section Cited	CCR	87366(h)(5)	

(h) For each terminally ill resident receiving hospice services in the facility, the licensee shall maintain the following in the resident's record: (5) A statement signed by the resident's roommate, if any, or any resident who will share a room with a person who is terminally ill to be accepted or retained as a resident, indicating his or her acknowledgment that the resident intends to receive hospice care in the facility for the remainder of the resident's life, and the roommate's voluntary agreement to grant access to the shared living space to hospice caregivers, and the resident's support network of family members, friends, clergy, and others.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2	Based on record review the facility did not have a written agrrement from R6 or R6 responsible party to share room with R5 who is currently on hospice, the licensee did not comply with the section cited above which poses/posed a potential health, safety or personal rights risk to persons in care.

3 4	
	POC Due Date: 08/17/2026
	Plan of Correction
1 2 3 4	By the POC due date, the licensee shall obtain and maintain a written agreement from Resident 6 (R6) or R6's responsible party acknowledging and consenting to share a room with Resident 5 (R5), who is receiving hospice services. ***During exit interview LPA observed a letter provided to R6 RP however it needed additional verbage and signatures from RP and Facility Staff.***

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:	David Sicairos
NAME OF LICENSING PROGRAM ANALYST:	Gabriela Castro
LICENSING PROGRAM ANALYST SIGNATURE:	**DATE:** 07/30/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	**DATE:** 07/30/2026

NARRATIVE

Food Service:

LPA toured the kitchen and food storage areas. The kitchen was observed to be clean, organized, and in good sanitary condition. Refrigerators and freezers were maintained at proper temperatures, with refrigerators at or below 40°F and freezers at 0°F. The facility maintained a sufficient supply of at least two (2) days of perishable food and seven (7) days of non-perishable food. The facility utilizes Grove Menus by Aline, which provides dietitian-approved menus and recipes for kitchen staff to follow. The facility also has a system to ensure residents with physician-ordered special diets receive the correct meals.

Planned Activities:

LPA observed residents participating in scheduled activities, including music therapy. Weekly and monthly activity calendars were posted and included a variety of recreational activities for residents. LPA observed adequate outdoor recreational space for residents.

Resident Rights/Information:

LPA observed the required postings displayed throughout the facility's common areas, including the Complaint Poster (PUB 475), Personal Rights, and the Nondiscrimination Notice.

Health-Related Services & Records

Six (6) resident files were reviewed. Files contained current required documentation, including Admission Agreements, signed consents, Needs and Services Plans, Physician's Reports documenting TB results and ambulatory status, and signed Resident Rights acknowledgments. Residents' medications were reviewed. Medications were observed to be centrally stored in the facility's medication room in locked medication cabinets, locked medication carts, and a locked medication refrigerator. All medications observed were maintained in a

secure manner and inaccessible to residents. During the medication review, LPA observed missed medication documentation in resident records. A deficiency will be issued.

Disaster Preparedness

LPA reviewed the facility's LIC 610D, Emergency Disaster Plan. Emergency disaster supplies, nonperishable food, flashlights, batteries, and first aid supplies, were observed and appeared sufficient to meet emergency preparedness requirements**.**

(continued on 809C)

NAME OF LICENSING PROGRAM MANAGER: David Sicairos
NAME OF LICENSING PROGRAM ANALYST: Gabriela Castro
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 07/30/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/30/2026

NARRATIVE

Personnel Records & Training

Five (5) staff files were reviewed and included criminal record clearances, CPR/First Aid, required training and TB screenings. Administrator Certificate for Subashasi Kumar, Administrator was valid through December 27, 2027.

An exit interview was conducted with Subashasi Kumar, Administrator**.** During the inspection, deficiencies were observed and cited on the attached LIC 809D/809C in accordance with Title 22, Division 6 regulations. A copy of this report, LIC 809D/809C, and appeal rights will be provided.

NAME OF LICENSING PROGRAM MANAGER: David Sicairos
NAME OF LICENSING PROGRAM ANALYST: Gabriela Castro
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 07/30/2026

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FACILITY NAME: TERRACES AT VIA VERDE-A MEMORY CARE COMMUNITY, THE **FACILITY NUMBER:** 198603383

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87506(a)	

(a) The licensee shall ensure that a separate, complete, and current record is maintained for each resident in the facility or in a central administrative location readily available to facility staff and to licensing agency staff.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, record review, and interviews, facility staff did not ensure accurate medication administration documentation. LPA observed that the electronic medication administration record (ECP/eMAR) did not document the administration of medication for Resident 2 (R2). Staff reported that the medication had been administered but were unable to explain why the medication administration was not recorded in the electronic system, resulting in incomplete medication documentation.which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 08/17/2026
	Plan of Correction
1 2 3 4	By the POC due date, the licensee shall submit a written Plan of Correction describing how facility staff will ensure medications are accurately documented in the electronic medication administration record (eCP/eMAR) system. The plan shall include procedures for identifying, reporting, and following up on any system glitches or documentation errors to ensure medication administration is accurately recorded.

		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: David Sicairos
NAME OF LICENSING PROGRAM ANALYST: Gabriela Castro
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/30/2026

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