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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603445
Report Date: 09/10/2026
Date Signed: 09/10/2026 01:11:08 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 MONTEREY PARK ASC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754

FACILITY NAME:	ARCADIAN, THE		FACILITY NUMBER:	198603445
ADMINISTRATOR/ DIRECTOR:	HARDIE LIN		FACILITY TYPE:	740
ADDRESS:	753 W DUARTE ROAD		TELEPHONE:	(626) 445-7981
CITY:	ARCADIA	STATE: CA	ZIP CODE:	91007
CAPACITY: 120		CENSUS: 102	DATE:	09/10/2026
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:21 AM
MET WITH:	Administrator Hardie Lin		TIME VISIT/ INSPECTION COMPLETED:	01:20 PM

NARRATIVE

Licensing Program Analyst (LPA) Blanca Gonzalez conducted an unannounced quarterly case management visit due to the Stipulation of the licensee's probationary license. LPA met with Administrator Hardie Lin and the purpose of the visit was explained.

The facility is a two-story building located in Arcadia. The facility is licensed to serve 120 non-ambulatory residents age range 60 and over of which 21 may be bedridden. The facility has a Hospice waiver for 5, currently no residents receive Hospice services.

During today's visit, LPA conducted a tour of the facility physical plant consisting of the common areas, two (2) stairwells, elevator, kitchen, dining room, med room, and four (4) resident bedrooms.

Resident rooms have the required furnishing for each resident consisting of a chair, night stand, light sufficient for reading, a chest of drawers and a bed with clean linens in good repair. Bathrooms were clean, odor free and were observed to contain slip-resistant mats in all bathtubs and showers and grab bars for each toilet, bathtub and shower. Passageways, hallways, stairways are free and clear of obstructions. Facility elevator was operable at the time of visit. The facility has three (3) stairwells. No emergency evacuations chairs were observed in the stairwells at the time of visit. Deficiency cited.

continued on LIC 809C

Wei Siew Ho
Blanca Gonzalez

	**DATE:** 09/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	DATE: 09/10/2026

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 MONTEREY PARK ASC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754

FACILITY NAME: ARCADIAN, THE **FACILITY NUMBER:** 198603445

VISIT DATE: 09/10/2026

NARRATIVE

LPA reviewed six (6) staff files. Files were observed to contain the required Health Screening with TB clearance and First Aid/CPR certificates. 2 out of 6 files reviewed did not have background clearance for review or association to the facility. Deficiency cited, civil penalties assessed in the amount of $1000.

LPA reviewed four (4) client files. Client files contained admission agreement, Emergency/ID information, Pre-Admission Appraisal, Functional Capabilities Assessment, Needs/Service Plan, Personal Rights, and physical exam with the TB results and ambulatory status. 2 of 4 files reviewed also contained physician's orders for postural supports.

Per California Code of Regulations, Title 22, and California Health and Safety Code, deficiencies observed during today's visit were documented on the attached LIC809D.

An exit interview was held and a copy of this report, LIC809D and LIC421BG along with Appeal Rights were given to Administrator Hardie Lin.

NAME OF LICENSING PROGRAM MANAGER: Wei Siew Ho
NAME OF LICENSING PROGRAM ANALYST: Blanca Gonzalez
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 09/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 09/10/2026

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Created By: Blanca Gonzalez On 09/10/2026 at 11:47 AM
Link to Parent Document Below:

FACILITY NAME: ARCADIAN, THE **FACILITY NUMBER:** 198603445

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 09/10/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/17/2026 **Section Cited** HSC 1569.695(f)(1)	(f) A facility shall have both of the following in place: (1) An evacuation chair at each stairwell, on or before July 1, 2019. This requirement is not met as evidenced by:	Licensee agreed to purchase evacuation chairs for the 3 stairwells and have them installed by the POC due date and submit proof to LPA via email in the form of purchase receipts and photos.
	Based on observation and interview, the facilty did not comply with the section cited above in that there are no evacuation chairs for the (3) stairwell exits located in the main building which poses a potential health, safety or personal rights risk to clients in care.	

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: Wei Siew Ho

NAME OF LICENSING PROGRAM ANALYST: Blanca Gonzalez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/10/2026

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 09/11/2026 **Section Cited** CCR 87355(e)(3)	1 2 3 4 5 6 7	87355 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: (3) Request a transfer of a criminal record clearance This requirement is not met as evidenced by:	1 2 3 4 5 6 7	Licensee agreed to transfer association for S5 and S6 and provide LPA proof via email by POC due date.
	8 9 10 11 12 13 14	Based on interview and record review, the facility did not comply with the section cited above in that 2 out of 6 staff files reviewed did not have background clearance for review or association to the facility which poses an immediate health, safety or personal rights risk to clients in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

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: Wei Siew Ho

NAME OF LICENSING PROGRAM ANALYST: Blanca Gonzalez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/10/2026