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Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603458
Report Date: 09/26/2025
Date Signed: 09/26/2025 03:33:22 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:	ARS FOUNTAIN HOMES		FACILITY NUMBER:	198603458
ADMINISTRATOR/ DIRECTOR:	SANTOS JR., APOLONIO C.		FACILITY TYPE:	740
ADDRESS:	2668 FAWN CIRCLE		TELEPHONE:	(909) 575-7612
CITY:	LA VERNE	STATE: CA	ZIP CODE:	91750
CAPACITY: 6		CENSUS: 6	DATE:	09/26/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	01:30 PM
MET WITH:	Rowena Santos, Licensee		TIME VISIT/ INSPECTION COMPLETED:	03:45 PM

NARRATIVE

Licensing Program Analyst (LPA) Blanca Gonzalez conducted an unannounced required annual inspection visit. LPA was greeted by caregiver and the reason for the visit was explained. Licensee Rowena Santos arrived shortly after to assist with facility tour.

The facility is licensed to serve six (6) adults age range 60 and over. Approved for six (6) non-ambulatory of which two (2) may be bedridden in room #3 only. Approved hospice waiver for six (6).

The facility is a single-story home located in a residential area of La Verne. The home consists of a living room, dining area, kitchen, four (4) resident bedrooms, two (2) bathrooms, laundry room, attached garage, front and backyard.
LPA utilized the Compliance and Regulatory Enforcement (CARE) tools for the visit today and observed the following:

The front and backyard are well maintained and there are no pools or large bodies of water. There is a covered patio providing a shaded seating area located in the backyard with sufficient seating for residents in care. Passageways and exits are free of obstructions.

continued on LIC 809C

NAME OF LICENSING PROGRAM MANAGER: Wei Siew Ho
NAME OF LICENSING PROGRAM ANALYST: Blanca Gonzalez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/26/2025

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.

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: ARS FOUNTAIN HOMES **FACILITY NUMBER:** 198603458

VISIT DATE: 09/26/2025

NARRATIVE

continued from LIC 809

The water temperature was tested in bathroom #1 in the hallway and measured 113.3 degrees F, which is within the required 105 degrees F - 120 degrees F. Bathroom #2 water temperature measured 113 degrees F. LPA observed grab bars and non-skid mats in both the bathrooms.
Resident bedrooms have the required furniture and have sufficient closet and storage space. Resident beds have the required linen and the linen is in good repair.
Hallway cabinet contained PPE supplies, surplus hygiene supplies and surplus clean linens.
Combination smoke and carbon monoxide detector located in the hallway of the home. There are two (2) fire extinguishers located in the dining area and in the hallway. Emergency drills conducted quarterly, last drill was 06/28/25.
Kitchen was observed to be clean and free of pests. Kitchen appliances are clean and were operating at the time of the visit. Sharps are locked in a kitchen drawer and are inaccessible to residents. Cleaning supplies and disinfectants are locked under the sink and are inaccessible to the residents. Sufficient supply of 2 days perishable and 7 days non-perishable foods were observed. Dining area observed clean with sufficient seating for residents in care.
Centrally stored medication is located in a locked hallway closet. Medications are documented properly and given as prescribed.
Attached garage has laundry area. Washing machine and dryer wear clean and operable at the time of visit. There is a cabinet with laundry supplies, inaccessible to clients.

Per California Code of Regulations, Title 22, and California Health and Safety Code, no deficiencies were cited during today's visit.

Exit interview held and a copy of this report was provided to Luis Santos due to Licensee Rowena Santos having to leave for an appointment.

NAME OF LICENSING PROGRAM MANAGER: Wei Siew Ho
NAME OF LICENSING PROGRAM ANALYST: Blanca Gonzalez
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 09/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 09/26/2025