

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603504

Report Date: 02/27/2026

Date Signed: 02/27/2026 03:55:58 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
FACILITY EVALUATION REPORT	

FACILITY NAME: LA POSADA	FACILITY NUMBER: 198603504
ADMINISTRATOR/BEATRIZ ROMEO-LUI DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 8120 PAINTER AVE	TELEPHONE: (562) 945-2651
CITY: WHITTIER	STATE: CA
CAPACITY: 114	ZIP CODE: 90602
TYPE OF VISIT: Case Management - Annual Continuation	CENSUS: 86
	DATE: 02/27/2026
MET WITH: Anahi Reyes	UNANNOUNCED TIME VISIT/ INSPECTION
	BEGAN: 10:20 AM
	TIME VISIT/ INSPECTION
	COMPLETED: 04:00 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Galarza conducted a subsequent unannounced Annual Continuation
2 visit to finish reviewing staff and resident records and issue citations observed during yesterday's visit.
3 Interim Executive Director Anahi Reyes assisted with the visit. The Residential Care for Elderly (RCFE)
4 facility serves residents ages 60 and over. There is a Memory Care Unit for cognitively impaired
5 residents.
6
7 **Infection Control:** The facility has an Infection Control Plan and ample PPE supplies.
8
9
10 **Operational Requirements:** The facility has a Dementia plan, a fire clearance for 114 non-ambulatory
11 residents age 60 and above, of which 15 residents may be bedridden, and a hospice waiver for 30
12 residents. Facility does not handle resident money. Liability Insurance in the amount of at least
13 (\$1,000,000) per occurrence and (\$3,000,000) in total annual aggregate is current with an expiration
14 date of 6/2/2026.
15
16 **Physical Plant/Environment Safety:** The facility is a three (3) story building consisting of 77 resident
17 rooms. The 1st floor consists of a lobby, dining room with outdoor courtyard, kitchen, medication room,
18 administrative offices, electrical room, public restrooms, laundry room, 21 resident rooms, shaded
19 outdoor courtyard area, and a Memory Care unit with multi-purpose room, and outdoor courtyard. The
20 2nd floor consists of 28 resident rooms, Bistro area, game room, public restrooms, 2 storage rooms,
21 laundry/housekeeping room, outdoor shaded balcony area, and 2 common areas. The 3rd floor consists
22 of 28 resident rooms, fitness room, theater room, lounge, beauty shop, and outdoor shaded balcony
23 area. Delayed egress is in place in the 1st floor Memory Care unit.
24
25

NAME OF LICENSING PROGRAM MANAGER: Lisa Hicks
NAME OF LICENSING PROGRAM ANALYST: Noemi Galarza

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 02/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/27/2026

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
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FACILITY NAME: LA POSADA

FACILITY NUMBER: 198603504

VISIT DATE: 02/27/2026

NARRATIVE	
1	continuation - Physical Plant/Environment Safety: The interior and exterior physical plant was
2	inspected. Twenty eight (28) resident rooms, common areas, and kitchen were inspected. Resident
3	rooms have required furniture, bedding, linens, and lighting. Exit doors are free of any obstruction. The
4	signal system was tested and is operational. Water temperature readings measured within the required
5	105 - 120 degrees Fahrenheit. There are evacuation chairs on 2nd and 3rd floor stairwells to be used
6	during an emergency as a path of egress from the facility to safety. The facility is equipped with
7	sprinklers, smoke detectors, carbon monoxide detectors, and fire extinguishers. The last fire inspection
8	was conducted by Code Red Fire Inc.
9	
10	The Memory Care Unit tweezers were found in an unlocked dirty refrigerator freezer in the multi-purpose
11	room, as well as unlocked nail polish & nail polish remover in the arts/crafts cabinet.
12	
13	Room 112's ceiling does not have dry wall, and 204 has a hole above the bathtub ceiling. This issue is
14	currently being investigated in complaint control # 28-AS-20260211084916.
15	
16	Rooms 101, 104, 106, 107,110, 111, 112, 113, 202, 211, 311, 320 beds did not have mattress pads.
17	
18	Staffing: A total of 42 staff members provides care and supervision to the clients.
19	
20	
21	
22	
23	Personnel Records/Staff Training: Administrator certificate expires 2/28/2026. Staff have criminal
24	background clearance and training.
25	
26	Nine (9) staff files were requested. Three (3) files were not provided, including the Executive
27	Director/Administrator's file. Staff (S2, S3 & S5) do not have current 1st Aid/CPR training. Staff (S4 &
28	S6's) files did not have health/TB screenings.
29	
30	Resident Records/Incident Reports: 12 resident files were reviewed. They contained Admission
31	Agreements, Service Plans, Physician's Reports, Appraisals, TB clearance, Physician's Orders, medical
32	consent, and centrally stored medication records. Five resident files did not have current medical
	assessments. There were resident files that did not have service plans; however, there is an opened
	complaint investigation that addresses that issue.
	RCFE & Ombudsman complaint posters are posted. However, the CCLD RCFE complaint poster posted
	in the 1st floor hallways does not meet the size 20 x 26 requirement. A technical advisory was issued.

NAME OF LICENSING PROGRAM MANAGER: Lisa Hicks
NAME OF LICENSING PROGRAM ANALYST: Noemi Galarza
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 02/27/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 02/27/2026

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: LA POSADA

FACILITY NUMBER: 198603504

VISIT DATE: 02/27/2026

NARRATIVE

1 **Planned Activities:** The facility has a posted activity calendar. Sufficient space to accommodate both
2 indoor and outdoor activities was observed in the Memory Care Unit and Assisted Living floors. The
3 facility has a Resident Council.
4

5 **Food Service:** Food supply was checked in the kitchen and pantry storage areas, consisting of 2-day
6 perishables, 7-day non-perishables, and emergency food supplies. Sanitation practices and kitchen
7 cleanliness was observed. Dining Services Director has a current Food Handling Certificate.
8

9 Residents have physician orders for modified diets. A diet list was obtained. However, residents (R4 &
10 R8) require a renal diet and they are not receiving renal diet meals. Per Dining Services Director med-
11 tech/nursing staff have not communicated R4 & R8's renal diet needs to the kitchen staff.
12

13 **Incident Medical and Dental:** Centrally stored resident medications were reviewed. Missing
14 medications were observed during yesterday's visit. Citation was issued.
15

16 Medical and dental transportation is provided by family or 3rd party transportation companies. The
17 facility has a non-operable van and no staff driver.
18

19 **Disaster Preparedness:** Emergency and Disaster Plan LIC 610E was reviewed and is updated. Facility
20 has a First Aid Kit and Manual. Proof of last emergency disaster drill was not provided.
21

22 **Residents with Special Health Needs:** There are currently 14 residents receiving hospice services and
23 15 residents receive home health services, and no residents have prohibited health conditions.
24 Individual Service Plans, Appraisals, and postural support physician orders are on file.
25

26 Pursuant to Title 22, deficiencies were observed and are cited.
27

28 Exit interview was conducted with Interim Executive Director Anahi Reyes. A copy of report and appeal
29 rights was issued.
30
31
32

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NAME OF LICENSING PROGRAM ANALYST: Noemi Galarza

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FACILITY NUMBER: 198603504

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/27/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type A	Section Cited	CCR	87309(a)
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Storage Space and Access

(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage.


This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on observation, the licensee did not comply with the section cited above in that on 2/26/26 LPAs observed the Memory Care Unit multi-purpose activity room refrigerator was unlocked and had tweezers in the freezer. In addition, the arts/crafts storage cabinet was unlocked and contained nail polish and nail polish remover, which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 02/28/2026	
Plan of Correction	
1	Submit a written plan of correction by tomorrow that addresses the tweezers and nail polish found in the Memory Care Unit.
2	
3	
4	

		Section Cited			
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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:	Lisa Hicks
NAME OF LICENSING PROGRAM ANALYST:	Noemi Galarza
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/27/2026

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FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	, 1000 CORPORATE CNTR DR. ST 500
	MONTEREY PARK, CA 91754

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87412(g)	
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Personnel Records

(g) All personnel records shall be maintained at the facility.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in that staff (S7-S9's) files were not available for review, which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 03/06/2026
	Plan of Correction
1 2 3 4	Submit self-certification that S7-S9's files have been found and all required file documents have been filed.

	Type B	Section Cited	CCR	87411(c)(1)	
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Personnel Requirements - General

(1) Staff providing care shall receive appropriate training in first aid from persons qualified by such agencies as the American Red Cross.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in that staff (S2, S3 & S5) do not have proof of 1st Aid/CPR training in their files, which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 03/06/2026
	Plan of Correction
1 2 3 4	Submit copies of S2, S3 and S5's 1st Aid/CPR training certificates.

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:	Lisa Hicks
NAME OF LICENSING PROGRAM ANALYST:	Noemi Galarza
LICENSING PROGRAM ANALYST SIGNATURE:	 DATE: 02/27/2026
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DEFICIENCIES & PLANS OF CORRECTION (POCs)**Type B****Section Cited****HSC****1569.695(c)****Other Provisions**

(c) A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.

This requirement is not met as evidenced by:

Deficient Practice Statement

- 1 Based on record review, the licensee did not comply with the section cited above in that the facility did
- 2 not provide proof that an emergency drill was conducted within the last quarter, which poses/posed a
- 3 potential health, safety or personal rights risk to persons in care.
- 4

POC Due Date: 03/06/2026**Plan of Correction**

- 1 Submit proof that an emergency drill has been completed.
- 2
- 3
- 4

Type B**Section Cited****CCR****87307(a)(3)(C)****Personal Accommodations and Services**

(C) Clean linen, including blankets, bedspreads, top bed sheets, bottom bed sheets, pillow cases, mattress pads, bath towels, hand towels and wash cloths. The quantity shall be sufficient to permit changing at least once per week or more often when indicated to ensure that clean linen is in use by residents at all times. The linen shall be in good repair. The use of common wash cloths and towels shall be prohibited.

This requirement was not met evidenced by:

Deficient Practice Statement

- 1 Based on observation, the licensee did not comply with the section cited above in that rooms, 101, 104,
- 2 106, 107,110, 111, 112, 113, 202, 211, 311, 320 did not have a mattress pad, which poses a potential
- 3 health, safety or personal rights risk to persons in care.
- 4

POC Due Date: 03/06/2026**Plan of Correction**

- 1 Submit a written plan of correction and picture proof that mattress pads have been placed on the beds in
- 2 rooms , 101, 104, 106, 107,110, 111, 112, 113, 202, 211, 311, 320.
- 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

Lisa Hicks

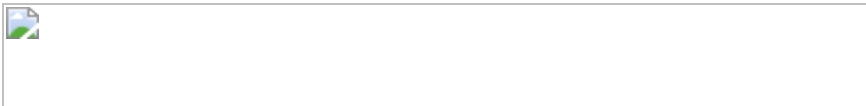
MANAGER:**NAME OF LICENSING PROGRAM**

Noemi Galarza

ANALYST:**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 02/27/2026

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FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/27/2026

LIC809 (FAS) - (06/04)

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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
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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87411(f)	
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Personnel Requirements - General

(f) All personnel, including the licensee and administrator, shall be in good health, and physically and mentally capable of performing assigned tasks. Good physical health shall be verified by a health screening, including a chest x-ray or an intradermal test, performed by a physician not more than six (6) months prior to or seven (7) days after employment or licensure. A report shall be made of each screening, signed by the examining physician. The report shall indicate whether the person is physically qualified to perform the duties to be assigned, and whether he/she has any health condition that would create a hazard to him/herself, other staff members or residents. A signed statement shall be obtained from each volunteer affirming that he/she is in good health. Personnel with evidence of physical illness or emotional instability that poses a significant threat to the well-being of residents shall be relieved of their duties.

This requirement is not met as evidenced by:


	Deficient Practice Statement
1	Based on record review, the licensee did not comply with the section cited above in that staff (S4 & S6) do not have health screening/TB clearance on file, which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 03/06/2026
	Plan of Correction
1	Submit copies of S4 & S6's health screening and TB exam clearance.
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:	Lisa Hicks
NAME OF LICENSING PROGRAM ANALYST:	Noemi Galarza
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/27/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87555(b)(7)	
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General Food Service Requirements

(7) Modified diets prescribed by a resident's physician as a medical necessity shall be provided.	
This requirement is not met as evidenced by:	
	Deficient Practice Statement
1	Based on record review and kitchen observation, the licensee did not comply with the section cited above in that residents R4 & R8 have renal/kidney disease (dialysis) that require a renal diet, but they are not being served the modified diet, which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 03/06/2026
	Plan of Correction
1	Administrator shall ensure all files of residents with special diet needs have a physician order on file and it is communicated with kitchen and med-tech staff. Submit a plan of correction indicating how the deficiency was addressed, and if needed obtain updated physician orders.
2	
3	
4	

	Type B	Section Cited	CCR	87463(h)	
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Reappraisals

(h) The licensee shall request that all residents receive an annual routine visit with a licensed medical professional once every twelve months, either in person or by video appointment.	
This requirement is not met as evidenced by:	
	Deficient Practice Statement
1	Based on record review, the licensee did not comply with the section cited above in that residents (R2, R7, R8, R9 & R10) medical assessments are more than 12 months old, ranging from 11/2022 - 1/2025, which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 03/20/2026
	Plan of Correction
1	Submit updated copies of R2, R7, R8, R9 & R10 medical assessments.
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:	Lisa Hicks
NAME OF LICENSING PROGRAM ANALYST:	Noemi Galarza
LICENSING PROGRAM ANALYST SIGNATURE:	
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