

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603545
Report Date: 08/28/2026
Date Signed: 08/28/2026 03:18:43 PM

Document Has Been Signed on 08/28/2026 03:18 PM - It Cannot Be Edited

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

FACILITY NAME:	PARK VIEW PLACE	FACILITY NUMBER:	198603545
ADMINISTRATOR/LEEANN HEFNER		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	1054 PARK VIEW DRIVE	TELEPHONE:	(626) 885-1800
CITY:	COVINA	STATE: CA	ZIP CODE: 91724
CAPACITY: 142		CENSUS: 97	DATE: 08/28/2026
TYPE OF VISIT:	Annual/Random	UNANNOUNCED TIME VISIT/INSPECTION	08:37 AM
		BEGAN:	
MET WITH:	Executive Director, LeeAnn Hefner	TIME VISIT/INSPECTION	02:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) S Vaid conducted the required annual inspection. LPA arrived
2	unannounced and met with Claudella Farrow-receptionist who notified the administrator LeeAnn Hefner
3	arrived shortly after and assisted with the tour. The facility is licensed to serve 142 non-ambulatory
4	residents ages 60 and over, of which eight (8) may be bedridden, approval for twelve (12) hospices.
5	There is an approved delayed egress for memory care.
6	
7	The building is a three-story building which was consisted of the front lobby, the memory care unit,
8	common areas, resident rooms and private bathrooms, public bathrooms, dining rooms, central
9	restaurant style kitchen, offices, housekeeping closets, activity rooms, bar area, beauty salon, theater
10	room, laundry and linen storage and supply rooms, and medication rooms.
11	
12	LPA utilized the Compliance and Regulatory Enforcement tools for the visit today and observed the
13	following:
14	
15	Infection Control: The facility staff are using appropriate hand hygiene and cleaning/disinfecting
16	throughout the day. Facility has sufficient PPE supplies and has an Infection Control Plan.
17	
18	
19	Operational Requirements: The facility has an approved fire clearance, there is a plan of operation
20	with required Infection Control Plan, Dementia Plan and training, and facility maintains the required
21	liability insurance, expires 01/01/2027.
22	CONTINUED ON 809C.....
23	
24	
25	

Fernando Fierros	
Sanjay Vaid	

DATE: 08/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/28/2026

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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	MONTEREY PARK ASC, 1000 CORPORATE CNTR
	DR. ST 500
	MONTEREY PARK, CA 91754

FACILITY NAME: PARK VIEW PLACE

FACILITY NUMBER: 198603545

VISIT DATE: 08/28/2026

NARRATIVE	
1	Physical Plant & Environment Safety: LPA toured facility, nine (9) residents' bedrooms were checked
2	and closet/drawer space to accommodate each resident comfortably was available. There are smoke
3	detectors, carbon monoxide detectors and an emergency sprinkler system throughout the facility that
4	are operable and in compliance. The fire extinguishers were observed throughout the facility and are
5	fully charged. No bodies of water were observed at the facility. There are no security bars or weapons
6	on the premises. Hygiene products are readily available. The hot water temperature was tested daily
7	throughout the facility resident private restrooms and measured within the required range of 105-120
8	degrees. There is a shade patio and garden area for residents.
9	
10	Food Service: The kitchen was observed for the ability to prepare and serve food. LPA observed an
11	appropriate food supply of two (2) days of perishables and one week (7 days) of non-perishables. Dining
12	staff uses approved menus and follow residents special diets. Walk-in fridge and freezers temperatures
13	are measured and recorded daily. Special diets are provided to 35 residents requiring mechanical, soft,
14	puree, low sodium and low sugar diets.
15	
16	Resident Records-Incident Reports: Resident files are kept in a secure location and have the
17	following documents in their files - Pre-admission appraisal/Appraisal Needs & Services Plan, Admission
18	Agreements, Identification & Emergency Information and current Physician's Report. LPA reviewed 9
19	Resident Files with no issues observed.
20	
21	Residents Rights-Information: Residents are provided with telephone and internet at the facility. The
22	facility has the following posters posted: Residents Rights, Complaint Poster, and Ombudsman posted
23	in the front lobby and common areas.
24	
25	Planned Activities: Facility provides scheduled activities with a monthly calendar. There is an outdoor
26	activity area available for the residents. LPA observed residents participating in planned activity.
27	
28	Staffing: There is always sufficient staffing in the facility. With night staff that are trained and able to
29	assist in care and supervision of the residents in the case of an emergency.
30	
31	
32	CONTINUED ON 809C.....

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros	
NAME OF LICENSING PROGRAM ANALYST: Sanjay Vaid	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/28/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/28/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
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FACILITY NAME: PARK VIEW PLACE

FACILITY NUMBER: 198603545

VISIT DATE: 08/28/2026

NARRATIVE

Personnel Records-Training: Staff have criminal record clearance, current First-Aid training along with training in postural support, assisted living, memory care, medication assistance, and other ongoing training are documented in personnel files. LPA reviewed 5 staff files with no issues observed. Administrator LeeAnn Hefner certificate expires on 03/29/2027.

Incidental Medical & Dental: Medication is properly labeled and are centrally stored in a Medication Room and are in their original containers. LPA reviewed medications for six (6) assisted living residents and three (3) memory care residents.

Disaster Preparedness: The facility has an Emergency Disaster Plan with contact numbers and at least 2 relocation sites. Fire and disaster drills are conducted unannounced monthly by third party company during different shifts.

Residents with Special Health Needs: Facility has recommended documents on residents with home health services and have ongoing communication with home health agencies. Facility admits residents with dementia and staff have all required training documented within personnel files. LPA observed rooms that have oxygen with the required signs posted.

Per California Code of Regulations, Title 22, and California Health and Safety Code, there were no deficiencies observed during the visit.

Exit interview held and a copy of the report was provided to Executive Director, LeeAnn Hefner.

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros

NAME OF LICENSING PROGRAM ANALYST: Sanjay Vaid

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/28/2026

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