

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 198603643  
**Report Date:** 03/18/2025  
**Date Signed:** 03/24/2025 02:57:10 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	TRINITY HILLS ESTATES - WALNUT	FACILITY NUMBER:	198603643
ADMINISTRATOR/SANDOVAL, JENNIFER		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(626) 235-2988
ADDRESS:	617 WALNUT AVE	ZIP CODE:	91007
CITY:	ARCADIA	STATE: CA	
CAPACITY: 6		CENSUS: 6	
TYPE OF VISIT:	Required - 1 Year	DATE:	03/18/2025
		UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 11:21 AM
MET WITH:	Jennifer Sandoval - Administrator	TIME VISIT/INSPECTION	COMPLETED: 04:32 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Erik Zaragoza conducted an unannounced Required 1-year visit using
2	the full Care Compliance and Regulatory Enforcement (CARE) Tools. LPA met with Winnie Poon,
3	Activity Director for the facility, and explained the purpose of the visit. Administrator Jennifer arrived
4	shortly thereafter. There are six (6) residents residing within the home.
5	
6	The following 12 (CARE) tool domains were observed and reviewed: Infection Control, Physical
7	Plant/Environment Safety, Operational Requirements, Staffing, Personnel Records/Staff Training,
8	Resident Rights/Information, Resident Records/Incident Reports, Food Service, Planned Activities,
9	Incident Medical and Dental, Disaster Preparedness, and Residents with Special Health Needs.
10	
11	<b>Infection Control:</b>
12	
13	• Infection control practices were observed.
14	
15	
16	• Infection control plan is on file.
17	
18	
19	<b>Physical Plant/Environment Safety:</b>
20	
21	• The facility is a single-story home located in a residential neighborhood. It is licensed for a capacity of
22	six (6) residents, six (6) of which may be non-ambulatory, two (2) of which may be bedridden, and a
23	hospice waiver approved for six (6) residents. The facility consists of a kitchen, a dining room, two (2)
24	living rooms, one (1) staff bedroom, five (5) resident bedrooms, a staff office, four (4) bathrooms which
25	all measured within the required range of 105 – 120 Degrees Fahrenheit, along with a backyard that
	contains a shaded area. The backyard area has an accessory dwelling unit (ADU) that contains an

additional two (2) bedrooms for residents, a bathroom whose hot water temperature was 117.1 Degrees Fahrenheit, and a kitchen. The facility was observed to be in good repair.

- The interior and exterior physical plant was inspected. Exit doors are free of any obstruction. The facility has two (2) fully charged fire extinguishers in the facility.

David Sicairos  
Erik Zaragoza



DATE: 03/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/18/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
, 1000 CORPORATE CNTR DR. ST 500  
MONTEREY PARK, CA 91754

**FACILITY EVALUATION REPORT (Cont)**

FACILITY NAME: TRINITY HILLS ESTATES - WALNUT

FACILITY NUMBER: 198603643

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/18/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87355(e)(3)	
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**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 as specified in Section 87355(c) or

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 1 out of 6 staff members, because Staff #2 is not currently associated to the facility and it is not known if Staff #2 has a criminal record clearance, which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 03/19/2025	
Plan of Correction	
1	Licensee will associate the staff in question to the facility via Guardian and provide a copy of the association list as proof. This will be emailed to LPA by the POC due date.
2	
3	
4	

	Section Cited			
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Deficient Practice Statement	
1	
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	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
1	
2	
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

<b>SUPERVISOR'S NAME:</b>	David Sicairos
<b>LICENSING EVALUATOR NAME:</b>	Erik Zaragoza
<b>LICENSING EVALUATOR SIGNATURE:</b>	
	<b>DATE:</b> 03/18/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 03/18/2025

LIC809 (FAS) - (06/04)

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<b>FACILITY EVALUATION REPORT (Cont)</b>	

**FACILITY NAME:** TRINITY HILLS ESTATES - WALNUT

**FACILITY NUMBER:** 198603643

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 03/18/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87412(a)	
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**Personnel Records**

(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information:

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on record review, the licensee did not comply with the section cited above in 1 out of 6 staff members, because Staff #2 does not have the records required in section 87412, which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	

**POC Due Date:** 04/15/2025

**Plan of Correction**

1	Licensee/Administrator is to ensure that all staff members have all records required as part of Title 22 section 87412 at all times. Licensee/Administrator is to gather all required documents and submit them to LPA by the POC due date.
2	
3	
4	

	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:

<b>Deficient Practice Statement</b>	
1 2 3 4	Based on record review and interview, the licensee did not comply with the section cited above in 1 out of 6 staff members, because Staff #3 has an expired First-Aid/CPR certificate, which poses a potential health, safety or personal rights risk to persons in care.
<b>POC Due Date:</b> 04/15/2025	
<b>Plan of Correction</b>	
1 2 3 4	Administrator is to ensure that all staff that assist clients with their ADLs have an active first-aid/cpr certificate at all times. Staff #3 is to renew their certificate and email the updated certificate to LPA by the POC due date.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

<b>SUPERVISOR'S NAME:</b>	David Sicairos
<b>LICENSING EVALUATOR NAME:</b>	Erik Zaragoza
<b>LICENSING EVALUATOR SIGNATURE:</b>	
	<b>DATE:</b> 03/18/2025
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 03/18/2025

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
<b>FACILITY EVALUATION REPORT (Cont)</b>	

**FACILITY NAME:** TRINITY HILLS ESTATES - WALNUT

**FACILITY NUMBER:** 198603643

**VISIT DATE:** 03/18/2025

<b>NARRATIVE</b>	
1	<b>Operational Requirements:</b>
2	• The Program Design was reviewed.
3	
4	• Fire clearance was approved by LA County Fire Department for a capacity of six (6) residents, six (6)
5	of which may be non-ambulatory, two (2) of which may be bedridden, and a hospice waiver approved for
6	six (6) residents.
7	
8	
9	
10	• Care and supervision to meet the clients' needs was observed.
11	
12	<b>Staffing:</b>
13	
14	• Nineteen (19) full-time staff members provide care and supervision to the clients.
15	
16	<b>Personnel Records/Staff Training:</b>
17	
18	• Six (6) staff files were reviewed for criminal background clearance and training.
19	
20	
21	
22	• One (1) staff member did not have a criminal background clearance on file and was not associated to
23	the facility.
24	• Five (5) staff records reviewed have a health screening with a Tuberculosis clearance, and five (5)
25	staff have First Aid/CPR trainings that are active.

- One (1) staff member has a First-Aid/CPR certificate that expired in October of 2024.
  - The administrator's certificate expires on 7/22/2025.
- Resident Rights/Information:**
- Physician orders were reviewed for six (6) resident files.
  - Medications were also reviewed for six (6) residents.
- Resident Records/Incident Reports:**
- Five (5) resident files were reviewed containing admission agreements, Physician's Report, medical/functional assessments, Needs and Services Plans, TB clearance, Appraisal/Needs and Services Plan, personal rights, medical consent, and medication records were reviewed.

**SUPERVISOR'S NAME:** David Sicairos  
**LICENSING EVALUATOR NAME:** Erik Zaragoza  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_ **DATE:** 03/18/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 03/18/2025

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
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**FACILITY NAME:** TRINITY HILLS ESTATES - WALNUT **FACILITY NUMBER:** 198603643  
**VISIT DATE:** 03/18/2025

**NARRATIVE**

- 1 **Food Service:**  
 2  
 3 • The kitchen was inspected and has sufficient supply of 2-day perishable & 7-day non-perishable food.  
 4 Kitchen, food preparation area, and storage areas were observed to be clean and sanitary.  
 5  
 6 **Incident Medical and Dental:**  
 7  
 8 • All residents have an Appraisal/Needs and Services Plan on file.  
 9  
 10 • Staff training was on file.  
 11  
 12 **Disaster Preparedness:**  
 13  
 14 • Emergency and Disaster Plan (LIC610E) was found in the facility.  
 15  
 16 • The last emergency and disaster drill was conducted on 2/10/2025.  
 17  
 18 **Planned Activities:**  
 19  
 20 • Sufficient Space is provided to accommodate both indoor and outdoor activities.  
 21  
 22 • Sufficient equipment and supplies are provided to meet the requirements of the activity program.  
 23  
 24  
 25 **Residents with Special Health Care Needs:**  
 26  
 27 • All six (6) residents are receiving hospice services.  
 28  
 29 • There is an adequate number of staff to support each resident's physical, social, emotional, safety and  
 30 health care needs as identified in his/her appraisal.  
 31  
 32

Per California Code of Regulations, Title 22, and California Health and Safety Code, the deficiencies observed during the visit is documented on the LIC809D pages. Exit interview held and a copy of the report along with appeal rights were provided.

**SUPERVISOR'S NAME:** David Sicairos  
**LICENSING EVALUATOR NAME:** Erik Zaragoza  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_ **DATE:** 03/18/2025

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

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LIC809 (FAS) - (06/04)

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**Plan of Correction**

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**POC Due Date:**

**Plan of Correction**

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**SUPERVISOR'S NAME:** David Sicairos  
**LICENSING EVALUATOR NAME:** Erik Zaragoza

LICENSING EVALUATOR SIGNATURE:

[Signature area]

DATE: 03/18/2025

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LIC809 (FAS) - (06/04)

Page: 6 of 7

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**FACILITY EVALUATION REPORT (Cont)**

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**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

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Deficient Practice Statement

- 1
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Plan of Correction

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- 2
- 3
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		Section Cited			
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Deficient Practice Statement

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