

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 198603701

Report Date: 02/09/2026

Date Signed: 02/09/2026 04:13:03 PM

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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
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FACILITY NAME: DIAMOND BAR RCFE		FACILITY NUMBER: 198603701
ADMINISTRATOR/JOHNNY HO		FACILITY TYPE: 740
DIRECTOR:		
ADDRESS: 1652 MAPLE HILL ROAD	TELEPHONE: (909) 861-7430	
CITY: DIAMOND BAR	STATE: CA	ZIP CODE: 91765
CAPACITY: 6	CENSUS: 6	DATE: 02/09/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	08:00 AM
MET WITH: Administrator-Shelly Yamishiro	BEGAN: TIME VISIT/INSPECTION	04:20 PM
	COMPLETED:	

### NARRATIVE

1 Licensing Program Analyst (LPA) Elena Mallett conducted an unannounced annual inspection of the  
2 facility. LPA arrived and met with staff in charge, Gloria. The purpose of today's visit was explained.  
3 Administrator Shelly Yamishiro joined the visit shortly after and stayed for twenty minutes and then had  
4 to leave on personal business. Administrator returned for twenty minutes later in the visit and then left  
5 again. Staff in charge, Gloria assisted with the remainder of the visit. The facility is licensed to serve 6  
6 elderly, non-ambulatory residents, one of which may be bedridden, ages 60 and above. There is  
7 hospice waiver for 4. Bedrooms 1,2,3,4 and 5 are approved for non-ambulatory and bedroom 6 is  
8 approved for bedridden. There are currently no bedridden residents. Two residents are currently on  
9 hospice.  
10  
11 The facility is a single-story home located in a residential area in Diamond Bar, Ca. A tour of the facility  
12 includes: living room, family room, kitchen, dining area, staff room, 6 bedrooms, 3 bathrooms (1  
13 bathroom located in resident room), front yard, back yard with swimming pool and attached garage with  
14 laundry.  
15  
16 LPA utilized the Compliance and Regulatory Enforcement (CARE) tools for the visit today's visit and the  
17 initial visit and observed the following:  
18  
19 **Infection Control:** The facility staff are using appropriate hand hygiene and gloves while assisting  
20 residents' medications. Staff are cleaning and disinfecting throughout the day. Facility has sufficient PPE  
21 supplies and has an Infection Control Plan maintained at the facility and a designated Infection Control  
22 Lead.  
23  
24 **Operational Requirements:** The facility has an approved fire clearance, there is a plan of operation  
25 with required Infection Control Plan, Dementia Plan and training, and facility maintains the required  
current liability insurance.

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature box]

DATE: 02/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature box]

DATE: 02/09/2026

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



**NARRATIVE**

1 **Planned Activities:** Facility offers activities like singing for residents, coloring/drawing, chair exercises,  
 2 a central TV viewing area for residents to enjoy together. Residents are taken outside for walks. There is  
 3 an outdoor furnished patio area available for the residents.  
 4  
 5 **Food Service:** The kitchen was observed for the ability to prepare and serve food. LPA observed an  
 6 appropriate food supply of two (2) days of perishables and one week (7 days) of non-perishables. Food  
 7 was stored separately from cleaners, toxins and poisons. Appliances were observed to be operable and  
 8 able to properly store and prepare food.  
 9  
 10 **Incidental Medical & Dental:** Medication is properly labeled and are centrally stored in a locked closet  
 11 and are in their original containers. LPA reviewed 4 residents' medications and there was a deficiency  
 12 cited. Please see 809-D.  
 13  
 14 **Disaster Preparedness:** The facility has an Emergency Disaster Plan with contact numbers and at  
 15 least 2 relocation sites. Emergency food, water and portable oxygen were observed. A full First Aid kit  
 16 and Manual were available. Last Disaster drill was documented on 04//02/25. Administrator to send  
 17 documentation of disaster drills to LPA.  
 18  
 19 **Residents with Special Health Needs:** 3 resident rooms were observed to have beds with bedrails. A  
 20 deficiency was cited. See 809-D . Facility has recommended documents on residents with home health  
 21 services and have ongoing communication with home health agencies. Facility admits residents with  
 22 dementia and staff have all required training documented within personnel files. There are currently no  
 23 bedridden residents.  
 24  
 25 Per California Code of Regulations, Title 22, and California Health and Safety Code, deficiencies  
 26 observed during today's visit are documented on the 809(D).  
 27  
 28 Exit interview was held with staff in charge Gloria and a copy of this Licensing report was provided along  
 29 with Appeal Rights.  
 30  
 31  
 32

**NAME OF LICENSING PROGRAM MANAGER:** Fernando Fierros  
**NAME OF LICENSING PROGRAM ANALYST:** Elena Mallett  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_ **DATE:** 02/09/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 02/09/2026

**Created By: Elena Mallett On 02/09/2026 at 02:52 PM**  
**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
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**FACILITY NAME:** DIAMOND BAR RCFE **FACILITY NUMBER:** 198603701  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 02/09/2026

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

	Type A	Section Cited	CCR	87465(c)(3)	
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**Incidental Medical and Dental Care Services**

(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met: (3) A record of each dose is maintained in the resident's record. The record shall

include the date and time the PRN medication was taken, the dosage taken, and the resident's response.


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 that R6 had been given a PRN of 5g tabs of oxycodone 30 times but only 7 times it was observed to be documented which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
<b>POC Due Date:</b> 02/10/2026	
<b>Plan of Correction</b>	
1	By POC due date Administrator will email or fax a signed statement of understanding of the cited regulation to LPA.
2	
3	
4	

		<b>Section Cited</b>			
--	--	----------------------	--	--	--

<b>Deficient Practice Statement</b>	
1	
2	
3	
4	
<b>POC Due Date:</b>	
<b>Plan of Correction</b>	
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.**

<b>NAME OF LICENSING PROGRAM</b>	Fernando Fierros
<b>MANAGER:</b>	
<b>NAME OF LICENSING PROGRAM</b>	Elena Mallett
<b>ANALYST:</b>	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 02/09/2026

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 02/09/2026

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**DEFICIENCY INFORMATION FOR THIS PAGE:**

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

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87463(a)</b>	
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**Reappraisals**

(a) The pre-admission appraisal, as specified in Section 87457, Pre-Admission Appraisal, shall be updated, in writing as frequently as necessary or once every 12 months, whichever occurs first, to note significant changes in condition, as defined in Section 87101, Definitions, and to keep the appraisal accurate. For the purposes of this section, the updated pre-admission appraisal shall be referred to as the reappraisal.

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 4 out of 6 residents did not have an updated needs and services plan which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
<b>POC Due Date:</b> 02/27/2026	
<b>Plan of Correction</b>	
1	BY POC due date Administrator will submit to LPA via Office fax updated needs and services plans for R1, R3, R4 and R5
2	
3	
4	

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87608(a)(5)(A)</b>	
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**Postural Supports**

(A) A bed rail that extends from the head half the length of the bed and used only for assistance with mobility shall be allowed.

This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1	Based on observation and record review, the licensee did not comply with the section cited above in that 3 residents had bedrails on their beds but their files did not contain doctor's note for the rails which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
<b>POC Due Date:</b> 02/27/2026	
<b>Plan of Correction</b>	
1	By POC due date Administrator will provide LPA via office Fax a doctor's note for the rails.
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.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Fernando Fierros
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Elena Mallett
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 02/09/2026

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 02/09/2026