

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603821
Report Date: 08/24/2026
Date Signed: 08/24/2026 05:00:13 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	ARCADIA LIVING	FACILITY NUMBER:	198603821
ADMINISTRATOR/ZHANG, JINFANG		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	601 SUNSET BLVD	TELEPHONE:	(888) 218-8921
CITY:	ARCADIA	STATE: CA	ZIP CODE: 91007
CAPACITY: 99		CENSUS: 88	DATE: 08/24/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	09:13 AM
		BEGAN:	
MET WITH:	Administratot Jennifer Lan	TIME VISIT/	
		INSPECTION	05:20 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Blanca Gonzalez conducted an unannounced required annual visit.
2	LPA was greeted by staff, and the purpose of the visit was explained. Administrator Jennifer Lan arrived
3	shortly after to assist.
4	
5	The facility is a large 3 story structure located in the city of Arcadia. The structure consists of a lobby, 90
6	bedrooms, 86 bathrooms, an activity room, an administrative office, a commercial kitchen, dining area,
7	two laundry rooms, and two elevators. Hospice waiver in place for (15).
8	
9	LPA utilized the Compliance and Regulatory Enforcement (CARE) tools for the visit today and observed
10	the following:
11	
12	Operational Requirements: Facility is operating within the limitations of their license. There are
13	currently seven (7) residents receiving Hospice services. LPA observed current liability insurance.
14	
15	Staffing: Staff sufficient in number and competent to meet resident needs.
16	
17	Personnel Records- training: LPA reviewed six (6) staff files. Personnel records are maintained at the
18	facility for administrator and each staff member. Two (2) out of six (6) records reviewed did not contain
19	Health Screening with TB clearance. Deficiency cited. One (1) out of six (6) records reviewed did not
20	contain fingerprint clearance and association to the facility. Deficiency cited. Civil penalties issued for
21	background check.
22	
23	continued on LIC 809C
24	
25	

Wei Siew Ho
Blanca Gonzalez

DATE: 08/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/24/2026

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: ARCADIA LIVING

FACILITY NUMBER: 198603821

VISIT DATE: 08/24/2026

NARRATIVE	
1	Planned Activities: Calendar of activities was posted in the hall and in the elevators. LPA observed
2	music playing for residents and residents engaging in a group activity in the activity room.
3	
4	Physical Plant/Environmental Safety: During facility tour, LPA observed all common areas in good
5	repair. A total of six (6) resident rooms were selected at random for inspection. Each room contained the
6	required furnishing, with sufficient lighting, and bedding supplies. Linens were observed to be clean and
7	in good repair. Water temperature was tested in each resident bathroom and measured between
8	115.3°F – 116.8° F, which is within the required 105°-120° F. Bathrooms were observed with grab bars
9	and non-slip mats or flooring. Disinfectants, cleaning solutions, and sharps are locked and not left
10	unattended. Passageways, hallways, stairways are clear of debris and obstructions. Facility has a fire
11	sprinkler system throughout. Fire extinguishers were observed throughout the facility. Elevators were
12	observed working. There was an evacuation chair in the stairwell. The facility has a gas fireplace in the
13	activity room with a metal screen cover and is inaccessible to residents. There is a large, covered patio
14	area, with a fishpond on the premises.
15	
16	Resident Rights/Information: License, Ombudsman, and personal rights posters were posted in the
17	hallway. "Let us no" (PUB 475) was not posted. Administrator posted at time of visit.
18	
19	Food Services: LPA toured the commercial kitchen and observed good quality/commercial food
20	supplies for at least 2 days of perishables and 7 days of non-perishables. All kitchen areas observed
21	clean and free of litter, rodents, vermin and insects. Soaps, detergents, cleaning compounds or similar
22	substances stored in areas separate from food supplies. Staff were observed practicing hygiene and
23	infection prevention. A list for residents with modified diets was observed.
24	
25	Incidental Medical and Dental: Medications were observed stored in medication carts in each
26	medication room. LPA reviewed medication for three (3) residents. Facility uses EMAR for
27	documentation, recently implementing the August Health program.
28	
29	continued
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Wei Siew Ho	
NAME OF LICENSING PROGRAM ANALYST: Blanca Gonzalez	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/24/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/24/2026

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FACILITY NUMBER: 198603821

VISIT DATE: 08/24/2026

NARRATIVE

1 page 3
2
3 **Resident Records/Incident Reports:** LPA reviewed five (5) residents files. Files maintained at the
4 facility and each contained admission agreement, medical assessment with TB clearance, pre-appraisal
5 and resident care plan.
6
7 **Disaster Preparedness:** Emergency drills are conducted quarterly; last emergency drill was conducted
8 on 08/02/2026.
9
10 Per California Code of Regulations, Title 22, and California Health and Safety Code, the deficiencies
11 observed today are documented on the attached LIC809D page.
12
13 Civil penalties in the amount of \$500 are being issued for Background Check.
14
15 Exit interview was conducted and a copy of this report, civil penalties and appeal rights were provided to
16 Administrator Jennifer Lan.
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Created By: Blanca Gonzalez On 08/24/2026 at 04:27 PM
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FACILITY NAME: ARCADIA LIVING

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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/24/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87355(e)(3)	
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 interview and record review, the licensee did not comply with the section cited above in 1 out of 6 staff files reviewed, S3 was not associated to the facility which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 08/25/2026
	Plan of Correction
1	Administrator agreed to obtain clearance immediately and email to LPA by POC due date. S3 can not return to work until clearance is obtained and received.
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.

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NAME OF LICENSING PROGRAM ANALYST:	Blanca Gonzalez
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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87412(a)(11)	

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: (11) A health screening as specified in Section 87411, Personnel Requirements - General.

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 2 out of 6 staff files reviewed did not contain Health Screening with TB clearance which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 09/07/2026
	Plan of Correction
1 2 3 4	Administrator agreed to email LPA proof of Health Screening with TB clearance for S2 and S6 by POC due date.

		Section Cited			
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	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

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