

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306000059
Report Date: 08/27/2026
Date Signed: 08/27/2026 01:30:41 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME:	PARK REGENCY RETIREMENT CENTER	FACILITY NUMBER:	306000059
ADMINISTRATOR/MILES MOURADIAN		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	1750 W. LA HABRA BLVD.	TELEPHONE:	(714) 441-1164
CITY:	LA HABRA	STATE: CA	ZIP CODE: 90631
CAPACITY: 168		CENSUS: 89	DATE: 08/27/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	07:30 AM
		BEGAN:	
MET WITH:	Jorge Garcia, Sabina Nayberg	TIME VISIT/INSPECTION	01:45 PM
		COMPLETED:	

NARRATIVE	
1	This unannounced inspection is being conducted by Licensing Program Analyst (LPA) Sean Haddad for the purpose of conducting a Required – 1 Year Inspection. LPA met with Maintenance Director (MD) Jorge Garcia and discussed the purpose of the inspection. Administrator (AD) Sabina Nayberg arrived during the inspection.
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6	LPA reviewed Infection Control requirements. At about 8:00AM, LPA and MD conducted a tour of the inside and outside of the facility, common areas, resident rooms, kitchen, and medication rooms and observed the following: Structure: this is a large commercial facility. Facility is composed of a single, two-story building with a delayed egress memory care unit on the second floor, a commercial kitchen and large dining room on the first floor, medication rooms on both floors, and resident rooms on all floors, along with multiple common areas, storage rooms, and a large central courtyard and a smaller courtyard dedicated to memory care with shaded seating for residents. There are a total of 86 resident rooms. Resident Bedrooms: the 10 resident bedrooms inspected are spacious and will easily accommodate the residents' furnishings. Furniture for 10 resident bedrooms inspected. LPA tested the call buttons in multiple resident rooms and noted prompt response times. LPA observed the delayed egress system was functioning. Bathrooms: the bathrooms were clean, faucets and toilets were operational. Water temperature: tested between 111 and 119 degrees F in the 10 resident bathrooms tested. Linens & Hygiene Supplies: new linens and fully stocked linen closets were observed. Emergency Phone Numbers, Exit Plan & Menu: reviewed. Food Service: LPA observed the facility has a 2-day supply of perishables and a 7-day supply of non-perishable food is available as required by regulations. Carbon Monoxide, Smoke Detectors, Fire Extinguisher: observed. Appliances: stove burners, microwave, washers, and dryers inspected. Knives: observed locked in the kitchen.
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Lourdes Montoya	
Sean Haddad	

DATE: 08/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/27/2026

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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

Created By: Sean Haddad On 08/27/2026 at 01:01 PM
Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: PARK REGENCY RETIREMENT CENTER

FACILITY NUMBER: 306000059

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/27/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	HSC	1569.605	
Other Provisions					
On and after July 1, 2015, all residential care facilities for the elderly, except those facilities that are an integral part of a continuing care retirement community, shall maintain liability insurance covering injury to residents and guests in the amount of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the total annual aggregate, caused by the negligent acts or omissions to act of, or neglect by, the licensee or its employees.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on documents, the facility's liability insurance certificate is expired and there is no certificate confirming the insurance is still active, which poses a potential personal rights risk to persons in care.				
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	POC Due Date: 09/24/2026				
	Plan of Correction				
1	Licensee stated they will submit a copy of the current insurance certificate to LPA by POC due date.				
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		Section Cited			
	Deficient Practice Statement				
1					
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	POC Due Date:				
	Plan of Correction				
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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.

NAME OF LICENSING PROGRAM MANAGER:	Lourdes Montoya
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NAME OF LICENSING PROGRAM
ANALYST:
LICENSING PROGRAM ANALYST SIGNATURE:

Sean Haddad



DATE: 08/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



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DEFICIENCY INFORMATION FOR THIS PAGE:

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	HSC	1569.625(b)(1)	
Other Provisions					
(1) The department shall adopt regulations to require staff members of residential care facilities for the elderly who assist residents with personal activities of daily living to receive appropriate training. This training shall consist of 40 hours of training. A staff member shall complete 20 hours, including six hours specific to dementia care, as required by subdivision (a) of Section 1569.626 and four hours specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696, before working independently with residents. The remaining 20 hours shall include six hours specific to dementia care and shall be completed within the first four weeks of employment. The training coursework may utilize various methods of instruction, including, but not limited to, lectures, instructional videos, and interactive online courses. The additional 16 hours shall be hands-on training.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on documents, the licensee did not ensure S4 and S6 who are new have documented 40 hours initial training, which poses a potential safety risk to persons in care.				
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4					
	POC Due Date: 09/24/2026				
	Plan of Correction				
1	Licensee stated they will complete the training for these two staff and submit proof to LPA by POC due date.				
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:	Lourdes Montoya
NAME OF LICENSING PROGRAM ANALYST:	Sean Haddad

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/27/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.625(b)(2)	
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Other Provisions

(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on documents, the licensee did not ensure S2, S3, and S5 have documented 20 hours continuing annual training, which poses a potential safety risk to persons in care.
	POC Due Date: 09/24/2026
	Plan of Correction
1 2 3 4	Licensee stated they will complete the training for these staff and submit proof to LPA by POC due date.

	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 documents, the licensee did not ensure S2, S3, S4, S5, and S6 had current first aid training, which poses a potential health risk to persons in care.
	POC Due Date: 09/24/2026
	Plan of Correction

1	Licensee stated they will renew the first aid training for these staff and submit proof to LPA by POC due date.
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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.

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NAME OF LICENSING PROGRAM ANALYST:	Sean Haddad
LICENSING PROGRAM ANALYST SIGNATURE:	
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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	HSC	1569.69(a)(1)	
Other Provisions					
(a) Each residential care facility for the elderly licensed under this chapter shall ensure that each employee of the facility who assists residents with the self-administration of medications meets all of the following training requirements: (1) In facilities licensed to provide care for 16 or more persons, the employee shall complete 24 hours of initial training. This training shall consist of 16 hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and 8 hours of other training or instruction, as described in subdivision (f), which shall be completed within the first four weeks of employment.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on documents, the licensee did not ensure medication technicians S4 and S6 had documented medication training, which poses a potential health risk to persons in care.				
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	POC Due Date: 09/24/2026				
	Plan of Correction				
1	Licensee stated they will complete the medication training for these staff and submit proof to LPA by POC due date.				
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	Type B	Section Cited	CCR	87458(c)(7)	

(c) The medical assessment shall include, but not be limited to: (7) A description of any known behavioral expression as defined in Section 87101, Definitions.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on documents, the physician's reports for R1, R2, R3, R4, R6, R7, R8, R9, and R10 are on the old form and do not contain required information, including behavioral expressions, which poses a potential safety risk to persons in care.
	POC Due Date: 09/24/2026
	Plan of Correction
1 2 3 4	Licensee stated they will obtain new physician's reports on the new form for these residents and submit proof to LPA by 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.

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87463(a)	
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:					
	Deficient Practice Statement				
1 2 3 4	Based on documents, the licensee did not ensure R1, R2, R3, R4, R6, R7, R8, and R10 were reappraised within the last year as their appraisals are all over a year old, which poses a potential safety risk to persons in care. CIVIL PENALTY ASSESSED.				

POC Due Date: 09/24/2026	
Plan of Correction	
1 2 3 4	Licensee stated they will reappraise these residents and submit proof to LPA by POC due date.

	Type B	Section Cited	CCR	87463(h)(1)	
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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. (1) Documentation of the annual routine visit, such as a visit summary, shall be added to the resident's record.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1 2 3 4	Based on documents, the physician's reports for R1, R2, R3, R5, R6, R7, R8, R9, and R10 are over a year old and there is no documentation of an annual routine visit, which poses a potential health risk to persons in care.
POC Due Date: 09/24/2026	
Plan of Correction	
1 2 3 4	Licensee stated they will obtain new physician's reports for these residents on the new form and submit proof to LPA by 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.

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NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12	Toxins: observed locked in the housekeeping closets. Medication room: observed to be locked. First-Aid Kit and Activity Supplies: observed and available. The facility's licensing fees have not been paid. LPA provided billing information. At about 10:00AM, LPA reviewed 10 resident files and 6 staff files, interviewed 6 residents and 6 staff, and inspected medications for 6 residents. Facility does not handle resident money. During the inspection, LPA and AD observed the following: based on documents, the facility's liability insurance certificate is expired and there is no certificate confirming the insurance is still active; based on documents, the licensee did not ensure S4 and S6 who are new have documented 40 hours initial training; based on documents, the licensee did not ensure S2, S3, and S5 have documented 20 hours continuing annual training; based on documents, the licensee did not ensure S2, S3, S4, S5, and S6

13 had current first aid training; based on documents, the licensee did not ensure medication technicians
14 S4 and S6 had documented medication training; based on documents, the physician's reports for R1,
15 R2, R3, R4, R6, R7, R8, R9, and R10 are on the old form and do not contain required information,
16 including behavioral expressions; based on documents, the licensee did not ensure R1, R2, R3, R4, R6,
17 R7, R8, and R10 were reappraised within the last year as their appraisals are all over a year old; and
18 based on documents, the physician's reports for R1, R2, R3, R5, R6, R7, R8, R9, and R10 are over a
19 year old and there is no documentation of an annual routine visit.
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21 Based on the observations made during today's inspection, deficiencies are being cited per Title 22
22 Division 6 of the California Code of Regulations. See LIC809D. Civil penalties for repeat violations are
23 being assessed. See LIC421FC. An exit interview was conducted and a copy of this report and appeal
24 rights was discussed with and provided to facility representative.
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NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya	
NAME OF LICENSING PROGRAM ANALYST: Sean Haddad	
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