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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306000502
Report Date: 04/30/2026
Date Signed: 04/30/2026 10:37:27 AM

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

FACILITY NAME:	NEW HORIZON LODGE, INC.		FACILITY NUMBER:	306000502
ADMINISTRATOR/ DIRECTOR:	JONATHAN BARRIOS		FACILITY TYPE:	740
ADDRESS:	8541 CERRITOS AVENUE		TELEPHONE:	(714) 821-5780
CITY:	STANTON	STATE: CA	ZIP CODE:	90680
CAPACITY: 120		CENSUS: 82	DATE:	04/30/2026
TYPE OF VISIT:	Case Management - Deficiencies	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:15 AM
MET WITH:	Jonathan Barrios		TIME VISIT/ INSPECTION COMPLETED:	10:45 AM

NARRATIVE

Licensing Program Analyst (LPA) Jerome Haley conducted an unannounced case management visit regarding an incident that was reported to Orange County Adult and Senior Care Program Regional Office (OCRO) April 27, 2026.

LPA Haley introduced himself and stated the purpose of the visit upon entry.

After a review of the incident report and speaking with Administrator Jonathan Barrios, details in the incident that was sent to the OCRO were confirmed.

On Thursday, April 23, 2026, Resident 1 (R1) was administered the wrong medications. R1 received the morning medications for Resident 2 (R2). The medication error was not realized immediately, and R1 did not display any immediate change in condition. R1 continued with their regularly scheduled activities for the day and left New Horizon to attend a scheduled meeting.

Staff 1 (S1) is the med tech responsible for the medication error and contacted Administrator Barrios once it was realized a medication error occurred.

At some point later in the day, after leaving New Horizon to attend a scheduled meeting, R1 had a change in condition and was sent to West Anaheim Medical Center.

New Horizon staff were notified that R1 was being sent to the hospital. R1 has not returned yet and is currently at a Skilled Nursing Facility (SNF).

As a result of today's Case Management visit, a deficiency will be cited.

An exit interview was conducted, and a copy of this report and appeal rights were provided.

NAME OF LICENSING PROGRAM MANAGER: Kevin Saborit-Guasch

NAME OF LICENSING PROGRAM ANALYST: Jerome Haley
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/30/2026

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.

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Created By: Jerome Haley On 04/30/2026 at 10:06 AM
Link to Parent Document Below:

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

FACILITY NAME: NEW HORIZON LODGE, INC. **FACILITY NUMBER:** 306000502

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 04/30/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 05/08/2026 **Section Cited** CCR 87465(a)(1)	1 2 3 4 5 6 7	87465 Incidental Medical and Dental Care (a) A plan for incidental medical and dental care shall be developed… (1) The licensee shall arrange, or assist in arranging, for medical and dental care appropriate to the conditions and needs of residents. This requirement was not met as evidenced by:	1 2 3 4 5 6 7	Administrator Barrios has removed S1 from medication administration and S1 has received daily retraining. S1 will complete the last day of the five day retraining today. In addition to the retraining of S1, Administrator Barrios has scheduled a medication training for all medication techs and S1 will be in attendance. The medication training will be conducted by the facility nurse next Friday, May 8, 2026. Administrator Barrios agrees to email LPA Haley the topics covered in the training, the duration of the training, and a sign in sheet for all med techs in attendance. POC is due Friday, May 8, 2026 at 4:00pm
	8 9 10 11 12 13 14	Staff 1 (S1) administered Resident 2's (R2) morning medications to Resident 1 (R1) on Thursday, April 23, 2026, in error. This poses an immediate health risk to persons in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

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:	Kevin Saborit-Guasch
NAME OF LICENSING PROGRAM ANALYST:	Jerome Haley

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/30/2026