

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306001749
Report Date: 02/12/2026
Date Signed: 02/12/2026 01:39:21 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:	ARVILINH HOME CARE	FACILITY NUMBER:	306001749
ADMINISTRATOR/ARVIN BUMANGLAG		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	9351 MELBA DRIVE	TELEPHONE:	(714) 643-9077
CITY:	GARDEN GROVE	STATE: CA	ZIP CODE: 92841
CAPACITY: 6		CENSUS: 6	DATE: 02/12/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	08:00 AM
		BEGAN:	
MET WITH:	Arvin Bumanglag	TIME VISIT/INSPECTION	01:55 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Michael Tea conducted an unannounced visit. The purpose of today's visit was to conduct the Annual Required inspection. LPA Tea was greeted and granted entry into the facility by caregiver staff and explained the reason for the visit. Administrator (AD) Arvin Bumanglag arrived shortly to assist with the visit. Facility is licensed for six non-ambulatory residents with a hospice waiver for four. Currently there are six residents, of which three are on hospice during today's visit.
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7	LPA Tea reviewed six resident files and three staff files. There were discrepancies noted in the review of residents and staff files. Upon review of records, medical assessments need to be updated due to residents' change of conditions and medical assessments needed to be signed by responsible party or resident. Administrator certificate expires on December 10, 2026.
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13	LPA Tea along with AD Bumanglag toured the facility. LPA toured the physical plant, checked food service, and the first aid kit. The home consists of six resident bedrooms, three bathrooms, living room, dining room, staff office area, kitchen and an attached garage. LPA observed smoke detectors/carbon monoxide in common areas and bedrooms are operational. Resident bedrooms had the required furniture, bed linens and closet/drawer space to accommodate each resident comfortably. Resident bathrooms were checked. Toilets and water faucets worked properly, grab bars were secure and shower was free of mold/mildew. Water temperature measured between 114.0 to 114.8 Fahrenheit degrees. Resident bath towels, toiletries and personal hygiene supplies were adequately stocked at time of visit. Common areas were clean and clear of hazards, and doorways were free of obstructions. First aid kit had all the required elements including dressing, bandages, tweezers, thermometer, and scissors. Kitchen was inspected.
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19	Annual inspection continued on LIC809-C
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NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Michael Tea

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/12/2026

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: Michael Tea On 02/12/2026 at 01:03 PM
Link to Parent Document Below:

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

FACILITY NAME: ARVILINH HOME CARE

FACILITY NUMBER: 306001749

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/12/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87458(b)	
The licensee shall obtain an updated medical assessment when required by the Department.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on LPA's review of records, Residents did not have updated physician's report. Some residents have changes in conditions and still have outdated physician's reports on file. One resident physician's report states the resident is "bedridden" but the resident is no longer on hospice and no longer bedridden. This poses as a potential health and safety risk to residents in care.				
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	POC Due Date: 03/05/2026				
	Plan of Correction				
1	Administrator will obtain updated physician's report for residents and provide proof to LPA by POC due date.				
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		Section Cited			

	Deficient Practice Statement				
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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:	Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST:	Michael Tea



DATE: 02/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/12/2026

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FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: ARVILINH HOME CARE FACILITY NUMBER: 306001749
VISIT DATE: 02/12/2026

NARRATIVE	
1	Perishable and non-perishable food supply were checked and adequately stocked at time of visit. LPA observed sharps locked in a kitchen drawer. LPA also observed toxin substances to be secured and inaccessible to residents in the garage. Fire extinguishers throughout the facility are fully charged. The facility's last disaster drill was conducted in February 10, 2026. Kitchen appliances are operational during today's visit. LPA toured the outside grounds and there are two exit gates on both sides of the house that are self-latching and operational. The backyard has a shaded table for clients to sit. LPA observed emergency supplies, food and water in the garage. Activities are based on resident's personal preference or health condition. Facility provides activities like light exercises like walking outside and chair exercises. They also provide musical therapy for the residents. At the time of the visit LPA observed residents having lunch and enjoying musical therapy. LPA then reviewed medication storage and administration. Medications are stored in a locked cabinet in the kitchen area. Medications are being administered per physician order. LPA interviewed clients regarding their quality of care and spoke to staff present regarding care provided. The following deficiency is being cited per Title 22 Division 6 of the California Code of Regulations. This report was reviewed with the facility and a copy of this report LIC809, 809-C, LIC858, LIC859, LIC809D and Appeal Rights were read and provided to the facility.
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NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz	
NAME OF LICENSING PROGRAM ANALYST: Michael Tea	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 02/12/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/12/2026