

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005440
Report Date: 06/15/2026
Date Signed: 06/15/2026 11:28:26 AM

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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:	CARE MARSTEL 1	FACILITY NUMBER:	306005440
ADMINISTRATOR/DIRECTOR:	SHIRLEY NATIVIDAD	FACILITY TYPE:	740
ADDRESS:	1050 KINGSTON DRIVE	TELEPHONE:	(562) 458-8395
CITY:	LA HABRA	STATE:	CA
CAPACITY:	6	ZIP CODE:	90631
TYPE OF VISIT:	Required - 1 Year	CENSUS:	4
		DATE:	06/15/2026
		UNANNOUNCED TIME VISIT/INSPECTION	07:37 AM
		BEGAN:	
MET WITH:	Shirley Natividad, Minelli Martinez	TIME VISIT/INSPECTION	11:40 AM
		COMPLETED:	

NARRATIVE	
1	<p>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 Administrator (AD) Shirley Natividad and Licensee (LE) Minelli Martinez and discussed the purpose of the inspection.</p> <p>LPA reviewed Infection Control requirements. At about 10:00AM, LPA and AD conducted a tour of the inside and outside of the facility, common areas, resident rooms, kitchen, and garage and observed the following: Structure: facility is a 4-bedroom, 3-bathroom, two-story house with an attached garage that is used for storage. There is a back yard with a patio cover for the residents. LPA observed 2 staff and 4 residents present at the facility in addition to AD. Resident Bedrooms: the 3 resident bedrooms are spacious and will easily accommodate the residents’ furnishings. Furniture for each resident bedroom inspected. Staff Bedrooms: LPA inspected the 1 staff bedroom. Bathrooms: the bathrooms were clean, faucets and toilets were operational. Water temperature: tested at 111 degrees F in the common resident bathroom. 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 and tested. Appliances: stove burners, microwave, washer, and dryer inspected. Knives: observed locked in the kitchen. Toxins: observed locked in the garage. Medication cabinet: observed to be locked. First-Aid Kit and Activity Supplies: observed and available. Facility’s licensing fees are paid. At about 8:00AM, LPA reviewed 4 resident files and 3 staff files, interviewed 2 residents and 2 staff, and inspected medications for 4 residents. Facility does not handle resident money.</p>
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NAME OF LICENSING PROGRAM MANAGER:	Lourdes Montoya
NAME OF LICENSING PROGRAM ANALYST:	Sean Haddad

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/15/2026

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: Sean Haddad On 06/15/2026 at 11:03 AM
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: CARE MARSTEL 1

FACILITY NUMBER: 306005440

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/15/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87465(a)(4)	
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Incidental Medical and Dental Care Services

(4) The licensee shall assist residents with self-administered medications as needed.	
This requirement is not met as evidenced by:	
	Deficient Practice Statement
1 2 3 4	Based on documents, the facility does not have doctor's orders for R3's multivitamin, loratadine, and DGL licorice, and R4's calcium and astaxanthin, which poses a potential health risk to persons in care.
	POC Due Date: 07/13/2026
	Plan of Correction
1 2 3 4	Licensee stated they will stop administering these medications and will obtain doctor's orders for these medications and supplements and submit proof to LPA by POC due date.

	Type B	Section Cited	CCR	87458(c)(7)	
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Medical Assessment

(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 report for R1 is on the old form and the physician's report for R3 is on the incorrect form, and neither contains required information, including behavioral expressions, which poses a potential safety risk to persons in care.
	POC Due Date: 07/13/2026
	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.

NAME OF LICENSING PROGRAM MANAGER:	Lourdes Montoya
NAME OF LICENSING PROGRAM ANALYST:	Sean Haddad
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/15/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/15/2026

NARRATIVE	
1	<p>During the inspection, LPA and AD observed the following: based on documents, the facility does not have doctor's orders for R3's multivitamin, loratadine, and DGL licorice, and R4's calcium and astaxanthin; and based on documents, the physician's report for R1 is on the old form and the physician's report for R3 is on the incorrect form, and neither contains required information, including behavioral expressions.</p> <p>Based on the observations made during today's inspection, deficiencies are being cited per Title 22 Division 6 of the California Code of Regulations. See LIC809D. An exit interview was conducted and a copy of this report and appeal rights was discussed with and provided to facility representative.</p>
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