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**Department of**

# SOCIAL SERVICES

***Community Care Licensing***

# *FACILITY EVALUATION REPORT*

**Facility Number:** 306005622
**Report Date:** 10/23/2025
**Date Signed:** 10/23/2025 04:33:07 PM

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br>**FACILITY EVALUATION REPORT** | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 770 THE CITY DR., SUITE 7100<br>ORANGE, CA 92868 |
|---|---|

| | | | | | |
|---|---|---|---|---|---|
| FACILITY NAME: | ROSELLE CARE LLC | | | FACILITY NUMBER: | 306005622 |
| ADMINISTRATOR/ DIRECTOR: | ROMEL BISDA | | | FACILITY TYPE: | 740 |
| ADDRESS: | 226 HANNAH WAY | | | TELEPHONE: | (626) 617-8483 |
| CITY: | PLACENTIA | STATE: CA | | ZIP CODE: | 92870 |
| CAPACITY: 6 | | CENSUS: 4 | | DATE: | 10/23/2025 |
| TYPE OF VISIT: | Required - 1 Year | UNANNOUNCED | | TIME VISIT/ INSPECTION BEGAN: | 09:31 AM |
| MET WITH: | Valentino Garcia | | | TIME VISIT/ INSPECTION COMPLETED: | 12:00 PM |

**NARRATIVE**

Licensing Program Analyst (LPA) Claudia Gutierrez made an unannounced visit for the purpose of conducting a Required/Annual Inspection. LPA was greeted and granted entry by Staff Valentino "Val" Garcia and the purpose of the inspection was discussed. Administrator (AD) Romel Bisda was contacted by phone and arrived at approximately 10:30 a.m.

During the inspection, LPA and Staff Garcia conducted a tour of the inside and outside of the facility, common areas, resident rooms, kitchen, garage and observed the following:

This is a single-story house with five bedrooms, and two bathrooms, with one bedroom being occupied by staff. All resident bedrooms had the required furnishings. LPA observed all resident beds had linens and blankets. The backyard has a shaded sitting area. LPA observed residents resting in their respective bedrooms. Bathrooms were observed to be free of debris and mildew, faucets and toilets were operational. Water temperature tested at 122.3 degrees Fahrenheit; a Technical Violation was issued on today's date. LPA observed the facility has a 2-day supply of perishables and a 7-day supply of non-perishable food as required by regulations. Smoke detectors and carbon monoxide detectors tested operational. Fire extinguisher was observed to be fully charged with service tag dated October 2, 2025. Gas stove, microwave, washer, and dryer were all inspected and observed to be operable. Medication was observed to be centrally stored and locked. LPA reviewed four of four resident files and two staff files. Four of four resident files had an incomplete or missing appraisal dated or signed in the last twelve months; a Deficiency was cited on today's date. (LIC809-C)

**NAME OF LICENSING PROGRAM MANAGER:** Armando J Lucero
**NAME OF LICENSING PROGRAM ANALYST:** Claudia Gutierrez

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/23/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/23/2025

**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: Claudia Gutierrez On 10/23/2025 at 11:14 AM**
**Link to Parent Document Below:**

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

**FACILITY NAME:** ROSELLE CARE LLC **FACILITY NUMBER:** 306005622
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 10/23/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

| | Type B | Section Cited | CCR | 87412(a) | |
|---|---|---|---|---|---|

**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:

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 as two of two staff files did not contain a Personnel Record or Health Screening which poses a potential health, safety and personal rights risk to persons in care. |
| | **POC Due Date:** 11/21/2025 |
| | **Plan of Correction** |
| 1 2 3 4 | AD stated a Personnel Record and Health Screening for staff will be completed and a copy provided to LPA via email by POC date. |

| | Type B | Section Cited | HSC | 1569.625(b)(2) | |
|---|---|---|---|---|---|

**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 record review, the licensee did not comply with the section cited above as two of two staff files did not contain any documentation of staff training conducted in the past year which poses a potential health, safety and personal rights risk to persons in care. |
| | **POC Due Date:** 11/21/2025 |
| | **Plan of Correction** |
| 1 2 | AD stated staff training will be conducted a copy provided to LPA via email by POC date. |

| | |
|---|---|
| 3<br>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:** | Armando J Lucero |
| **NAME OF LICENSING PROGRAM ANALYST:** | Claudia Gutierrez |
| **LICENSING PROGRAM ANALYST SIGNATURE:** | **DATE:** 10/23/2025 |
| **I acknowledge receipt of this form and understand my appeal rights as explained and received.** | |
| **FACILITY REPRESENTATIVE SIGNATURE:** | **DATE:** 10/23/2025 |



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**FACILITY NAME:** ROSELLE CARE LLC **FACILITY NUMBER:** 306005622
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 10/23/2025

**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<br>2<br>3<br>4 | Based on record review, the licensee did not comply with the section cited above as four of four resident files had an incomplete or missing appraisal dated or signed in the last twelve monthswhich poses a potential health, safety and personal rights risk to persons in care. |
| | **POC Due Date:** 11/21/2025 |
| | **Plan of Correction** |
| 1<br>2<br>3<br>4 | |

| | | Section Cited | | | |
|---|---|---|---|---|---|

| | **Deficient Practice Statement** |
|---|---|
| 1<br>2<br>3<br>4 | |

| | |
|---|---|
| | **POC Due Date:** |
| | **Plan of Correction** |
| 1<br>2<br>3<br>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:** Armando J Lucero

**NAME OF LICENSING PROGRAM ANALYST:** Claudia Gutierrez

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 10/23/2025

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/23/2025





| | **NARRATIVE** |
|---|---|
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28<br>29<br>30<br>31<br>32 | Two of two staff files did not contain any documentation of staff training conducted in the past year and AD was unable to provide LPA with a copy of staff training conducted; a Deficiency was cited on today's date. LPA interviewed three residents and two staff. Two of two staff files also did not contain a Personnel Report or Health Screening; a Deficiency was cited on today's date.<br><br>Based on the observations made during today's inspection, deficiencies are being cited per Title 22 Division 6 of the California Code of Regulations. An exit interview was conducted, and a copy of this report and appeal rights was left at the facility. |

**NAME OF LICENSING PROGRAM MANAGER:** Armando J Lucero
**NAME OF LICENSING PROGRAM ANALYST:** Claudia Gutierrez
**LICENSING PROGRAM ANALYST SIGNATURE:**
**DATE:** 10/23/2025

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