

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006071

Report Date: 02/11/2026

Date Signed: 02/11/2026 04:51:01 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: PALMS RETIREMENT CENTER	FACILITY NUMBER: 306006071
ADMINISTRATOR/BAHADORY, KHATERA DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 312 N ROOSEVELT AVE	TELEPHONE: (626) 353-4710
CITY: FULLERTON	STATE: CA
CAPACITY: 144	ZIP CODE: 92832
TYPE OF VISIT: Required - 1 Year	CENSUS: DATE: 02/11/2026
	UNANNOUNCED TIME VISIT/ INSPECTION: 08:00 AM
MET WITH: Khatera Bahadory	BEGAN: TIME VISIT/ INSPECTION: 05:00 PM
	COMPLETED:

NARRATIVE

1 Licensing Program Analyst (LPA) Hanna Gough made an unannounced visit to the facility to conduct the
2 required annual inspection. LPA was greeted and granted entry by staff. LPA met with Administrator (AD)
3 Khatera Bahadory and discussed the purpose of the visit.
4

5 The facility is a two story building with seventy three resident bedrooms, three staff offices, two laundry
6 rooms, two court yards, a medication room, dinning room, TV lounge, and kitchen. The facility appears
7 clean, safe and sanitary. All resident bedrooms have the required components and furnishings. LPA
8 observed resident bathrooms to have toilet paper, grab bars, paper towels and nonslip mats in the
9 shower. LPA tested the water to be between 109.4-118.4 degrees Fahrenheit. LPA observed the laundry
10 room on the first floor to be locked and made inaccessible when not in use. LPA observed the first floor
11 medications cart and the memory care unit medications cart to be on the first floor and locked making
12 them inaccessible to residents in care. LPA observed the laundry room on the second floor to be
13 unlocked for assisted living residents to use. LPA observed the medication room to be on the second
14 floor with medication carts locked and made inaccessible to residents in care. LPA observed the first aid
15 kit to be in the medication room and has all the required components. LPA observed the memory unit
16 doors to have operational delayed egress. LPA observed the kitchen to be clean and free of vermin. LPA
17 observed a two day perishable and seven day nonperishable food supply on hand. LPA observed fire
18 extinguishers in the kitchen and throughout the facility charged and with a service date of August 6,
19 2025. LPA observed the toxins and chemicals to be on the housekeeping carts and locked in the
20 maintenance room behind the facility and made inaccessible to residents in care. LPA observed
21 activities being conducted in the dining room during the inspection with residents.
22

23 Continue on LIC 809-C
24
25

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero

NAME OF LICENSING PROGRAM ANALYST: Hanna Gough

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 02/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/11/2026

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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868</p>
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FACILITY NAME: PALMS RETIREMENT CENTER

FACILITY NUMBER: 306006071

VISIT DATE: 02/11/2026

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>LPA observed two shaded seating areas outside for resident use that can be accessed through the memory care unit and the assisted living unit. LPA observed the emergency food and water supply to be stored in a shed in the memory care unit courtyard. LPA observed the outdoor areas to be free of debris and obstructions.</p> <p>LPA observed a fire inspection report from Thunder Fire Protection that was conducted on December 4, 2025 stating the facility fire alarms and smoke detectors were operational. LPA observed the last fire drill was conducted on December 12, 2025. LPA observed staff files and no discrepancies were observed. LPA reviewed resident files and no discrepancies were observed. LPA reviewed resident medications and no discrepancies were observed.</p> <p>Based on todays observations, no deficiencies are being noted per Title 22 Division 6 of the California Code of Regulations. An exit interview was conducted and a copy of this report was left at the facility.</p>

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero	
NAME OF LICENSING PROGRAM ANALYST: Hanna Gough	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 02/11/2026