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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006299
Report Date: 05/12/2026
Date Signed: 05/12/2026 04:38:27 PM

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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:	KEEN HOME HARVARD		FACILITY NUMBER:	306006299
ADMINISTRATOR/ DIRECTOR:	LATOYA D JOHNSON		FACILITY TYPE:	740
ADDRESS:	5112 HARVARD AVE		TELEPHONE:	(562) 438-5336
CITY:	WESTMINISTER	STATE: CA	ZIP CODE:	92683
CAPACITY: 6		CENSUS: 6	DATE:	05/12/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	01:00 PM
MET WITH:	Latoya Johnson		TIME VISIT/ INSPECTION COMPLETED:	05:00 PM

NARRATIVE

Licensing Program Analyst (LPA) Michael Tea conducted an unannounced visit to the facility to complete the Annual Required inspection. At approximately 1:00 PM, LPA Tea was greeted and granted entry by Administrator (AD) Latoya Johnson and the purpose of the visit was explained. The facility is licensed for a capacity of six residents, including one non-ambulatory and five bedridden residents, with a hospice waiver for six. At the time of the visit, there were six residents in care, there were no residents receiving hospice services.

LPA Tea reviewed six resident files and two staff files. All files contained the required documentation. The Administrator's Certificate is current and expires on December 21, 2026.

LPA Tea, accompanied by care staff, toured the facility. The physical plant, food service areas, and first aid kit were inspected. The facility consists of six resident bedrooms, five full bathrooms, a staff medication room, living room, kitchen, dining area, and an attached garage. Smoke detectors and carbon monoxide detectors were observed in common areas and bedrooms and were operational.

Resident bedrooms were appropriately furnished with required furniture, adequate bed linens, and sufficient closet and drawer space to meet residents' needs. Bathrooms were inspected and found to be clean and in good repair. Toilets and faucets were operational, grab bars were securely installed, and showers were free of mold and mildew. Water temperature measured approximately 116.9°F. An adequate supply of towels, toiletries, and personal hygiene items was available.

Common areas were clean, organized, and free of hazards, with unobstructed walkways and exits. The first aid kit was fully stocked with required supplies, including dressings, bandages, tweezers, a thermometer,

(Annual inspection report continued on LIC809C)

NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya

NAME OF LICENSING PROGRAM ANALYST: Michael Tea
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/12/2026

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.

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

FACILITY NAME: KEEN HOME HARVARD **FACILITY NUMBER:** 306006299

VISIT DATE: 05/12/2026

NARRATIVE

and scissors.

The kitchen was inspected, and an adequate supply of perishable and non-perishable food was observed. Kitchen appliances were operational at the time of the visit. Sharps were secured in a locked kitchen cabinet. Toxic substances were observed to be locked and inaccessible to residents in areas including beneath the kitchen sink and in the garage. Fire extinguishers throughout the facility were fully charged. The most recent fire drill was conducted on April 16, 2026. Emergency food and water supplies were observed to be adequately stocked in the garage.

Outdoor areas were also inspected. The backyard provides ample shaded seating for residents, and a barbecue grill is available for use. The exit gate on the right side of the home was observed to be self-latching and operational.

The facility provides activities tailored to residents' preferences, abilities, and health conditions. Activities include games such as Jenga, arts and crafts, puzzles, walking, light exercise, and gardening. At the time of the visit, residents were observed watching television and participating in leisure activities.

LPA reviewed medication storage and administration practices. Medications are stored in a locked cart within the staff medication room and are administered in accordance with physician orders. LPA interviewed residents regarding their quality of care and spoke with staff regarding services provided.

Based on observations made during today's inspection, no deficiencies were cited in the areas reviewed in accordance with Title 22, Division 6 of the California Code of Regulations.

An exit interview was conducted with Administrator Latoya Johnson. A copy of this report LIC 809, along with LIC 809-C, LIC 858, and LIC 859, was reviewed and provided to the facility. The LPA also provided the facility with a Legionnaires' Disease Fact Sheet for informational and preventive purposes.

NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya
NAME OF LICENSING PROGRAM ANALYST: Michael Tea
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 05/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/12/2026