<meta name="robots" content="noindex">

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306090049
Report Date: 09/11/2026
Date Signed: 09/11/2026 10:53:49 AM

Document Has Been Signed on 09/11/2026 10:53 AM **- It Cannot Be Edited**

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:	GRACE RETIREMENT VILLAGE		FACILITY NUMBER:	306090049
ADMINISTRATOR/ DIRECTOR:	MICHELLE SONG		FACILITY TYPE:	740
ADDRESS:	1100 E. WHITTIER BLVD.		TELEPHONE:	(562) 694-6515
CITY:	LA HABRA	STATE: CA	ZIP CODE:	90631
CAPACITY: 340		CENSUS: 58	DATE:	09/11/2026
TYPE OF VISIT:	Case Management - Deficiencies	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	08:30 AM
MET WITH:	Denise Gilroy		TIME VISIT/ INSPECTION COMPLETED:	09:00 AM

NARRATIVE

This unannounced Case Management – Deficiencies inspection is being conducted by Licensing Program Analysts (LPAs) Sean Haddad and Edward Kim for the purpose of issuing citations for deficiencies observed during the investigation into Complaint Control No. 22-AS-20250703085114.
LPAs met with Staff #1 (S1) Denise Gilroy and explained the reason for today's inspection.
During the course of the investigation, Department staff inspected the facility, interviewed Administrator (AD) Michelle Song, witnesses, and staff, and obtained and reviewed copies of the resident roster, staff roster, a Police Department Report, and Resident #1's (R1) hospital medical records.
R1 was brought to the facility by two family members on July 1, 2025, at around 3:55PM per interview with AD. R1's family advised AD that R1 had a history of Dementia but did not bring a completed physician's report for R1. R1 was assigned to a room in assisted living and some of their personal belongings were placed in the room. Around 9:50PM, AD received a call from facility staff who reported that R1 had been in an accident and the police were at the facility. AD spoke with the police who reported that R1 had been hit by a car and was taken to the hospital. Hospital medical records obtained revealed R1 suffered several injuries including diagnosis of loss of consciousness, right subdural hematoma and subarachnoid hemorrhage, parafalcine hemorrhage versus meningioma, T11 compression fracture, L2 vertebral body compression deformity, S3 sacral fracture with presacral hematoma, and bruising and abrasions. When interviewed, AD admitted the facility had not completed a physician's report or a written appraisal for R1 prior to R1's admission as required.
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.

Lourdes Montoya
Sean Haddad

	**DATE:** 09/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	DATE: 09/11/2026

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.

Document Has Been Signed on 09/11/2026 10:53 AM **- It Cannot Be Edited**

Created By: Sean Haddad On 09/11/2026 at 08:31 AM
Link to Parent Document Below:

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

FACILITY NAME: GRACE RETIREMENT VILLAGE **FACILITY NUMBER:** 306090049

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 09/11/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 09/12/2026 **Section Cited** CCR 87458(a)	1 2 3 4 5 6 7	87458 Medical Assessment (a) Prior to a person's acceptance as a resident, the licensee shall obtain documentation of a medical assessment, signed by a licensed medical professional … within the last year... This requirement was not met as evidenced by:	1 2 3 4 5 6 7	The facility is now closed.
	8 9 10 11 12 13 14	Based on interviews and documents, the licensee did not obtain a completed physician's report for R1 prior to their admission on July 1, 2025, which poses a potential safety risk to persons in care.	8 9 10 11 12 13 14	
Type B 09/12/2026 **Section Cited** CCR87457(c)	1 2 3 4 5 6 7	87457 Pre-Admission Appraisal … (c) Prior to admission a determination of the prospective resident's suitability for admission shall be completed and shall include an appraisal of their individual service needs… This requirement was not met as evidenced by:	1 2 3 4 5 6 7	The facility is now closed.
	8 9 10 11 12 13 14	Based on interviews and documents, the licensee did not complete an appraisal for R1 prior to their admission on July 1, 2025, which poses a potential safety risk to persons in care.	8 9 10 11 12 13 14	

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: 09/11/2026

I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE: 	**DATE:** 09/11/2026