

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604618
Report Date: 07/02/2026
Date Signed: 07/02/2026 03:30:58 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108	
FACILITY EVALUATION REPORT			
FACILITY NAME: ALPINE VIEW LODGE		FACILITY NUMBER:	374604618
ADMINISTRATOR/REYNOLDS, ANGELA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	973 ARNOLD WAY	TELEPHONE:	(626) 437-5821
CITY:	ALPINE	STATE: CA	ZIP CODE: 91901
CAPACITY: 38	CENSUS: 26	DATE:	07/02/2026
TYPE OF VISIT:	Case Management - Deficiencies	UNANNOUNCED TIME VISIT/ INSPECTION	02:50 PM
MET WITH:	Admin. Helen Qian	BEGAN: TIME VISIT/ INSPECTION	03:55 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) David Roman conducted an unannounced Case Management
2	Inspection. LPA D. Roman identified himself to Administrator, Helen Qian and discussed the purpose of
3	the visit.
4	
5	While conducting an unrelated investigation LPA D. Roman reviewed resident and staff records,
6	observing the files were in need of additional information. These deficiencies were cited in an LIC 809 D
7	form and POCs were jointly formulated with Administrator, Helen Qian.
8	
9	LPA D. Roman along with facility staff toured the interior and exterior of the facility and inspected
10	bedrooms. The facility was sanitary, and in good repair. Pathways were free of obstruction and slip
11	hazards.
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13	An exit interview was conducted with Facility Administrator, Helen Qian.
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NAME OF LICENSING PROGRAM MANAGER: Lizzette Tellez
NAME OF LICENSING PROGRAM ANALYST: David Roman

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/02/2026

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 III, 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: David Roman On 07/02/2026 at 02:56 PM
Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ALPINE VIEW LODGE

FACILITY NUMBER: 374604618

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/02/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/16/2026 Section Cited CCR 87506	1 87506 Resident Records -Each 2 resident's record shall contain at least 3 the following information...Dates of 4 admission and discharge...The 5 admission agreement and pre- 6 admission appraisal... 7	1 The licensee is to review Title 22 2 Regulation for Resident Records for 3 Admissions 87506 by POC date and 4 agreed not to accept anyone until 5 admissions agreements are complete. 6 7
	8 Based on LPA observation and record 9 review the Licensee did not have 10 complete resident records which posed 11 a health and safety risk for 1 of 26 12 persons in care. 13 14	8 9 10 11 12 13 14
Type B 07/16/2026 Section Cited CCR87412	1 87412 Personnel Records The licensee 2 shall ensure that personnel records are 3 maintained on the licensee, 4 administrator and each employee. Each 5 personnel record shall contain the 6 following... 7	1 Licensee is to review the Title 22 2 Regulation for Personnel Records for 3 employment 87412 by POC date and 4 agreed to have all documents 5 completed prior to personnel 6 employment. 7
	8 Based on LPA observation and records 9 review the Licensee did not have 10 complete personnel records which 11 posed a health and safety risk for 1 of 12 26 persons in care. 13 14	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:	Lizzette Tellez
NAME OF LICENSING PROGRAM ANALYST:	David Roman
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/02/2026

I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/02/2026