

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 191500146
Report Date: 07/06/2026
Date Signed: 07/06/2026 03:56:56 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754	
FACILITY EVALUATION REPORT			
FACILITY NAME: ARTESIA CHRISTIAN HOME		FACILITY NUMBER:	191500146
ADMINISTRATOR/MICHELLE ROBISON		FACILITY TYPE:	741
DIRECTOR:			
ADDRESS:	11614 EAST 183RD STREET	TELEPHONE:	(562) 865-5218
CITY:	ARTESIA	STATE: CA	ZIP CODE: 90701
CAPACITY:	143	CENSUS: 77	DATE: 07/06/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	08:28 AM
		BEGAN:	
MET WITH:	Administrator Anne Walsh	TIME VISIT/	
		INSPECTION	04:10 PM
		COMPLETED:	
NARRATIVE			
1	On 7/06/26, Licensing Program Analyst (LPA) Jewel Baptiste conducted an		
2	unannounced Annual/Required inspection to Artesia Christian Home. Upon arrival		
3	LPA was greeted by Director of Residential Services Anne Walsh and explained the		
4	reason for the visit. This facility is licensed to serve 143 residents aged 60 and over.		
5	Approve fire clearance for 40 ambulatory, 95 non-ambulatory and 8 bedridden.		
6	Hospice waiver approved for 15. During today's visit LPA inspected the assisted		
7	living and memory care campus, reviewed the food supply, and tested the		
8	smoke/carbon monoxide detectors. LPA inspected a total of ten (10) resident files		
9	and four (4) staff files for both campuses. LPA also checked total of ten (10)		
10	residents' medications during the visit. Administrator certificate expires 2/22/2028.		
11	Last emergency disaster drill was conducted on June 17 th , 2026.		
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15	The facility consists of two campuses, (1) for memory care and (1) for assisted living.		
16	Assisted living is two (2) stories with 44 bedrooms, 2 communal showers, activity		
17	rooms, medication room, offices, salons, Kitchen, and a dining room. The memory		
18	care campus is a single-story building with 22 bedrooms with private bathrooms,		
19	salons, activity room, kitchen, medication room and dining room. The resident		
20	bedrooms have the required furniture such as bed frames, dressers, lamps, and		
21	chairs. Bedrooms also have sufficient closet space. Resident beds have the required		
22	linen, and the linen is in good condition.		
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25	(Report continued on LIC809C.)		
NAME OF LICENSING PROGRAM MANAGER: Lisa Hicks			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/06/2026

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

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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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ARTESIA CHRISTIAN HOME	FACILITY NUMBER: 191500146
	VISIT DATE: 07/06/2026

NARRATIVE	
1	The bathrooms contain a working toilet, basin, and water faucet, walk in shower with grab bar, skid matt/strips and shower chair. The temperature measured at 105.3 *F-115.3*F for both campuses. The smoke detectors were tested and observed to be working properly. The carbon monoxide detector was tested and functioning properly. There was fire extinguishers located throughout the facility, fully charged and up to date. The kitchen was toured and contained working appliances; refrigerator, stove, oven and contained dishware, cups, plates, utensils, pots, and pans with knives secured and locked. The pantry was well stocked, and the food supply contained a sufficient supply with a two-day supply of perishables and a seven-day supply of non-perishables that met title 22 guidelines. Walls and floors, cabinets and counters were clean and sanitary throughout the facility. LPA observed ample amount of PPE supplies in multiple storage rooms. The outdoor grounds were toured and inspected, and the patio was well maintained with a shaded seating area accessible for resident use. Exit interview conducted with Anne Walsh, Director of Residential Services, a copy of this report was provided.
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NAME OF LICENSING PROGRAM MANAGER: Lisa Hicks	
NAME OF LICENSING PROGRAM ANALYST: Jewel Baptiste	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/06/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/06/2026