

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 191600341
Report Date: 05/10/2026
Date Signed: 05/10/2026 02:08:32 PM

Document Has Been Signed on 05/10/2026 02:08 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754	
FACILITY EVALUATION REPORT			
FACILITY NAME: HUNTINGTON RETIREMENT HOTEL		FACILITY NUMBER:	191600341
ADMINISTRATOR/HEATHER ARGUETA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	20920 EARL STREET	TELEPHONE:	(310) 370-5828
CITY:	TORRANCE	STATE: CA	ZIP CODE: 90503
CAPACITY: 155		CENSUS: 94	DATE: 05/10/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION
			09:00 AM
			BEGAN:
			TIME VISIT/INSPECTION
			02:30 PM
			COMPLETED:
MET WITH: Administrator - Heather Argueta			

NARRATIVE	
1	On 02/10/2026, the California Department of Social Services (CDSS) – Community Care Licensing
2	Division (CCLD), Licensing Program Analyst (LPA) Socorro Leandro conducted an unannounced
3	Required – 1 Year Inspection to the above-named facility and met with Administrator, Heather Argueta.
4	The purpose of the visit was explained, and the LPA was allowed entry to the facility.
5	
6	The facility is licensed to operate for (155) residents, which may be (30) non-ambulatory and (5)
7	bedridden elderly adults ages 60 and above. The facility is approved for (12) hospice residents.
8	
9	The Annual Licensing Fees are current.
10	
11	Facility Layout: The facility is a two-story building located in a commercial neighborhood. It consists of
12	the following: (97) resident bedrooms, (97) resident bathrooms, a med room, a conference room, dining
13	rooms, laundry rooms, a mail room, business offices, a commercial kitchen, (2) activity rooms, storage
14	rooms, (2) public restrooms, courtyard patio area, a staff room, a salon, and a chapel.
15	
16	Outside Grounds: were toured no bodies of water were observed, walkways around the home were
17	clear of hazards, and there were no security bars or weapons on the premises. The courtyard patio area
18	has plenty of sitting space.
19	
20	
21	Industrial Kitchen/Facility Food: The facility has supplies of nonperishable foods for a minimum of one
22	week and fresh perishable foods for a minimum of two days. There were fire extinguishers in the kitchen
23	area.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel	
NAME OF LICENSING PROGRAM ANALYST: Socorro Leandro	

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/10/2026

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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: HUNTINGTON RETIREMENT HOTEL	FACILITY NUMBER: 191600341
	VISIT DATE: 05/10/2026

NARRATIVE	
1	Community Rooms: There are games/activity work such as magazines, newspapers, puzzles, books for
2	residents. There are sitting areas for residents. There is a large television for residents.
3	
4	Resident Bedrooms: have adequate lighting, plenty of dresser and closet space. Walls and floors were
5	clean and in good condition.
6	
7	Bathrooms: Toilets, showers, and water faucets worked properly, grab bars were secure, and a non-skid
8	mat was in place. Adequate lighting and toiletries accessible to residents. The hot water temperature
9	measured 112.3 Fahrenheit.
10	
11	Medications: were inaccessible to residents in care. All medications observed were labeled and
12	maintained in compliance with label instructions and State and Federal law. The facility is following their
13	plan operation regarding medication administration. There is a first aid kit that is fully stocked.
14	
15	Miscellaneous: Documents are posted as mandated. Last fire earthquake disaster drill was conducted
16	on 04/24/2026. The last Annual Fire Inspection was completed by the Torrance, Fire Department on
17	04/22/2026. The fire sprinklers were last inspected on 10/10/2025 and they have a five (5) year
18	certification by the Delta Fire Equipment. The Liability Insurance expiration date is 08/13/2026. The
19	Surety Bond expiration date is 12/01/2026. The facility has a current Emergency Disaster Drill and
20	Infection Control Plan.
21	
22	
23	5 staff records were reviewed, 5 out of 5 staff records had required documentation.
24	
25	5 resident records were reviewed, 5 out of 5 resident records had required documentation.
26	
27	The Administrator will be emailing records to the LPA to update the Facility File.
28	
29	No deficiencies are being cited based observation and record review in accordance with the California
30	Code of Regulations, Title 22.
31	
32	An exit interview was conducted, and a copy of this report was left with the Administrator, Heather
	Argueta.

NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel	
NAME OF LICENSING PROGRAM ANALYST: Socorro Leandro	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 05/10/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/10/2026