

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197601283
Report Date: 09/14/2025
Date Signed: 09/14/2025 03:09:08 PM

Document Has Been Signed on 09/14/2025 03:09 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME:	BETTER LIVING AND CARE	FACILITY NUMBER:	197601283
ADMINISTRATOR/STELLA, EZROS		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	734 NORTH LA JOLLA AVENUE	TELEPHONE:	(323) 651-2733
CITY:	LOS ANGELES	STATE: CA	ZIP CODE: 90046
CAPACITY: 6		CENSUS: 6	DATE: 09/14/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/	INSPECTION 09:45 AM
		BEGAN:	
MET WITH:	Jeffrey Ezros- Co-Administrator	TIME VISIT/	INSPECTION 03:30 PM
		COMPLETED:	

NARRATIVE	
1	On 9/14/2025 at approximately 09:4(5AM, Licensing Program Analyst (LPA), Angelica Segovia conducted an unannounced annual visit to the facility. LPA was greeted by staff and stated the reason for their visit. The Co-Administrator, Jeffrey Ezros arrived shortly after to assist with today's visit. LPA asked for the census, Staff/Resident Roster, and Liability Insurance. LPA conducted a physical plant tour at approximately 1:00 PM and the following was noted: The facility is a single-story building with six (6) bedrooms and six (6) bathrooms. The facility is currently occupying six (6) residents. There is a designated staff office. The facility has an approved fire clearance for six (6) non-ambulatory residents. Hospice waiver approved for four (4). Common areas: The living room and dining room were observed to be neat, clean, and organized. The rooms were observed to be properly furnished and in good repair. The facility maintains a comfortable temperature at 74°F. LPA observed a fire extinguisher to be located underneath the kitchen sink and dated 09/14/2025. LPA observed required postings such as Long-Term Care Ombudsman, Emergency Disaster Plan, and Personal Rights to be located throughout the common areas. A working telephone was observed. Kitchen: The kitchen was observed to be clean and free from pests. Sufficient supplies of seven (7) day nonperishable foods and two (2) day perishable foods were observed. Knives/sharps were observed to be kept in a locked kitchen drawer. The cleaning solutions/toxins were observed to be kept locked underneath the kitchen sink. Kitchen appliances were observed to be working and in proper condition. (continued on LIC 809-C)
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Troy Agard
NAME OF LICENSING PROGRAM ANALYST: Angelica Segovia

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/14/2025

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 WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BETTER LIVING AND CARE	FACILITY NUMBER: 197601283
	VISIT DATE: 09/14/2025

NARRATIVE	
1	Bedrooms: The residents' rooms are adequately furnished with appropriate furniture and lighting system. Hallways/passageways are lighted appropriately. Extra linens/covers were observed to be stored in each resident's room and a storage dresser located within the hallway's passageway. Bathrooms: The bathrooms were checked for cleanliness and proper operation. The hot water temperature was measured within regulations. LPA observed appropriate grab rails and slip-resistant mats to be in proper condition. Backyard: The backyard of the facility is equipped with a designated shaded area with outdoor furniture for residents. LPA observed there to be a pool. LPA observed the pool to properly fenced and locked. Garage: The garage is located outside in the backyard separate from the facility. The garage was observed to be kept locked and used for storage purposes. Laundry Room: The laundry appliances were observed to be located within the garage. LPA observed cleaning solutions and toxins stored appropriately within the garage and inaccessible to residents. The laundry appliances were observed to be working and in proper condition. Medications: The medications were observed to be kept locked in a storage closet. First-aid kit observed to be equipped with but not limited to bandages, scissors, digital thermometer, tweezer and First-Aid Manual. Smoke detectors and carbon monoxide observed to be working properly and were tested. Staff Office: The staff and resident files are kept in the staff office. LPA observed the staff office to be kept locked. Residents/Staff Records: LPA conducted a complete file review of resident records. Resident records appeared to be complete and updated. Staff records: LPA conducted a file review of staff records. LPA observed one (1) of five (5) staff members (S2) not to have fingerprint clearance. Further record review revealed S2 did not have a personnel record. LPA observed the staff member (S2) to be working and helping residents. Per the Co-Administrator, S2 had just begun to work at the facility. The Co-Administrator stated they would be taking S2 this week to get their fingerprint clearance. LPA's record review of The Department of Social Services Guardian and Licensing Information System (LIS), confirmed S2 was not associated nor cleared to work within the facility. Additionally, LPA observed one (1) of five (5) staff members not to have their Health Screening Report with their tuberculosis screening. (Continue to LIC 809-C)
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Troy Agard	
NAME OF LICENSING PROGRAM ANALYST: Angelica Segovia	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/14/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/14/2025

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** BETTER LIVING AND CARE**FACILITY NUMBER:** 197601283**VISIT DATE:** 09/14/2025**NARRATIVE**

1 Citation issued, please refer to LIC 809-D

2

3 A civil penalty for \$100 per day for a maximum of 5 days in the amount of \$500 for criminal record
4 clearance violation is being assessed on the attached LIC 421BG.

5

6 There were no other immediate health and safety hazards observed during the day of inspection.

7

8 Exit interview conducted, Appeals Rights given, and a copy of this report was provided to the Co-
9 Administrator.

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

NAME OF LICENSING PROGRAM MANAGER: Troy Agard**NAME OF LICENSING PROGRAM ANALYST:** Angelica Segovia**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 09/14/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 09/14/2025

LIC809 (FAS) - (06/04)

Page: 4 of 9

Document Has Been Signed on 09/14/2025 03:09 PM - It Cannot Be Edited**Created By: Angelica Segovia On 09/14/2025 at 02:36 PM****Link to Parent Document Below:****FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** BETTER LIVING AND CARE**FACILITY NUMBER:** 197601283**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 09/14/2025**DEFICIENCIES & PLANS OF CORRECTION (POCs)****Type A****Section Cited****CCR****87355(e)****Criminal Record Clearance**

(e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility:

This requirement is not met as evidenced by:

Deficient Practice Statement	
1 2 3 4	Based on observation, interview and record review, the licensee did not comply with the section cited above in 1 out of 5 Staff members did not have fingerprint clearance prior to working at the facility which poses an immediate health, safety or personal rights risk to persons in care.
POC Due Date: 09/15/2025	
Plan of Correction	
1 2 3 4	Licensee agreed to complete S2's fingerprints clearance and associate them to the facility. Copy of proof will be submitted by email to LPA by POC date. Civil penalty assessed.

		Section Cited			
--	--	---------------	--	--	--

Deficient Practice Statement	
1 2 3 4	
POC Due Date:	
Plan of Correction	
1 2 3 4	

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:	Troy Agard
NAME OF LICENSING PROGRAM ANALYST:	Angelica Segovia
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 09/14/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 09/14/2025

Created By: Angelica Segovia On 09/14/2025 at 02:36 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT (Cont)	

Personnel Requirements - General

(f) All personnel, including the licensee and administrator, shall be in good health, and physically and mentally capable of performing assigned tasks. Good physical health shall be verified by a health screening, including a chest x-ray or an intradermal test, performed by a physician not more than six (6) months prior to or seven (7) days after employment or licensure. A report shall be made of each screening, signed by the examining physician. The report shall indicate whether the person is physically qualified to perform the duties to be assigned, and whether he/she has any health condition that would create a hazard to him/herself, other staff members or residents. A signed statement shall be obtained from each volunteer affirming that he/she is in good health. Personnel with evidence of physical illness or emotional instability that poses a significant threat to the well-being of residents shall be relieved of their duties.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on observation, interview and record review, the licensee did not comply with the section cited
2 above in 1 out of 5 staff member was missing their health screening report with tuberculosis results
3 which poses/posed a potential health, safety or personal rights risk to persons in care.
4

POC Due Date: 09/30/2025

Plan of Correction

1 Licensee will email LPA Segovia their completed Health screening report with tuberculosis results by
2 POC due date.
3
4

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:	Troy Agard
NAME OF LICENSING PROGRAM ANALYST:	Angelica Segovia
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 09/14/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 09/14/2025