

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 197603601

Report Date: 01/15/2026

Date Signed: 01/15/2026 03:02:49 PM

Document Has Been Signed on 01/15/2026 03:02 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, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: BEVERLY HILLS LOVING CARE	FACILITY NUMBER: 197603601
ADMINISTRATOR/LIDA ZARAFSHAN	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 1019 S. WOOSTER STREET	TELEPHONE: (310) 652-3555
CITY: LOS ANGELES	STATE: CA
CAPACITY: 176	ZIP CODE: 90035
TYPE OF VISIT: Required - 1 Year	CENSUS: 83
	DATE: 01/15/2026
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 08:33 AM
MET WITH: Lida Zarafshan/Administrator	TIME VISIT/INSPECTION
	COMPLETED: 01:50 PM

### NARRATIVE

1 On 1/15/2026, Licensing Program Analyst (LPA) Alfonso Iniguez conducted an  
2 unannounced annual required visit using the CARE Inspection Tool. LPA met with  
3 Lida Zarafshan/Administrator. LPA explained the purpose of today's visit. The facility  
4 is licensed to serve (176) elderly adults ages 60 and above, of which (64) can be  
5 non-ambulatory and (5) bedridden on rooms:104, 106, 108, 118, and 128. Currently  
6 the facility has (80) residents.  
7

8  
9 This facility consists of two buildings. Wooster Building consists of 50 bedrooms with  
10 private bathrooms, a dining room, kitchen, activity rooms, and an underground  
11 garage. Olympic Building consists of 62 bedrooms with private bathrooms, a dining  
12 room, kitchen, activity rooms and an underground garage.  
13

14  
15 LPA Iniguez and the Administrator toured the physical plant. There were no bodies of  
16 water or obstructions on the premises. LPA inspected a total of (6) bedrooms and (6)  
17 bathrooms. The beds and bedding supplies were in good condition, adequate  
18 lighting was provided, and storage for the residents' personal belongings was  
19 observed. The bathrooms were found to be within Title 22 regulations and were  
20 operational. Smoke and carbon monoxide detectors were in operable condition. The  
21 water temperature ranged from 104.0°F to 116°F.  
22

23  
24 **The evaluation Report continues on the next page, LIC 809-C, providing**  
25 **further details of the inspection findings.**

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez

**NAME OF PROGRAM ANALYST:** Alfonso Iniguez

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 01/15/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 01/15/2026

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

**LIC809 (FAS) - (06/04)**

California Health & Human Services Agency

**Page: 1 of 3**

California Department of Social Services

**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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
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**FACILITY NAME:** BEVERLY HILLS LOVING CARE      **FACILITY NUMBER:** 197603601  
**VISIT DATE:** 01/15/2026

NARRATIVE	
1	During the visit, LPA Iniguez observed that the facility was clean, sanitary, and
2	appropriately furnished. Storage areas for personal hygiene were in place. Cleaning
3	supplies, toxins, and sharp objects were stored in a way that made them
4	inaccessible to residents in care. The kitchen was inspected, and there were
5	sufficient perishable and non-perishable food available, which was adequately
6	maintained. All fire extinguishers were charged and operable. The last Fire/Disaster
7	Drills were conducted on 1/15/26.
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9	
10	A review of (4) residents' service files and (4) staff personnel files was maintained in
11	order. LPA reviewed (4) Medication Administration Records (MARs) and found no
12	discrepancies.
13	
14	
15	LPA observed the facility's infection control practices. All mandated inspection
16	control posters were displayed throughout the facility. <b>A copy of liability insurance</b>
17	<b>was provided to LPA. Facility Annual Fess current.</b>
18	
19	
20	<b>According to the California Code of Regulations (Title 22, Division 6, Chapter</b>
21	<b>8), LPA did not observe deficiencies during this visit; therefore, no citations</b>
22	<b>were issued.</b>
23	
24	<b>An exit interview was conducted, and a copy of the Facility Evaluation Report</b>
25	<b>was provided to Lida Zarafshan/Administrator.</b>
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Eva M Alvarez <b>NAME OF LICENSING PROGRAM ANALYST:</b> Alfonso Iniguez <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 01/15/2026
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 01/15/2026
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