

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197607689
Report Date: 05/15/2026
Date Signed: 05/15/2026 12:57:50 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	AMERICARE ASSISTED LIVING OF ROLLING HILLS	FACILITY NUMBER:	197607689
ADMINISTRATOR/EDNA DIMALANTA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	4826 ROCKBLUFF DR.	TELEPHONE:	(310) 422-5364
CITY:	ROLLING HILLS ESTATE	STATE: CA	ZIP CODE: 90274
CAPACITY: 6; 6		CENSUS: 6	DATE: 05/15/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	10:21 AM
		BEGAN:	
MET WITH:	Minda Oila	TIME VISIT/INSPECTION	12:59 PM
		COMPLETED:	

NARRATIVE	
1	On May 15, 2026, Licensing Program Analyst (LPA) Ernand Dabuet conducted an unannounced annual required visit using the CARE Inspection Tool. LPA met with Minda Olila caregiver. LPA explained the purpose of today’s visit. The facility is licensed to serve (6) residents ages 60 and above. Of which (4) may be non-ambulatory and (2) bedridden.
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6	The facility is a single-story structure located in a residential neighborhood. Disability ramps are located at the front door and back door for the ease of relocation of residents, considered "non-ambulatory". It consists of (7) bedrooms, (2) full bathrooms, shaded back yard, front yard and an attached 2 car garage which contains a clothes washer and dryer.
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11	LPA toured the physical plant. There were no bodies of water or obstructions on the premises. All rooms were inspected. Beds and bedding supplies were in good condition, adequate lighting was provided, and storage for the resident's personal belongings was observed. Bed linens, comforters, and bath towels were adequately stocked at the time of the visit. Bathrooms were found to be within Title 22 regulations and were clean and operational. A water temperature of 106.7 degrees F. A comfortable temperature of 70 degrees F. was maintained in the facility.
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16	LPA observed the facility to be sanitary and appropriately furnished during the visit. Storage areas for personal hygiene, cleaning supplies, toxins, and sharps objects were stored and not accessible to clients. The kitchen was inspected and there are sufficient perishable and non-perishable food available and maintained adequately. The fire extinguishers were charged, and smoke detectors and carbon monoxide were operable.
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21	Evaluation Report Continues on LIC 809-C
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NAME OF LICENSING PROGRAM MANAGER: Janae Hammond
NAME OF LICENSING PROGRAM ANALYST: Ernand Dabuet

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/15/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: AMERICARE ASSISTED LIVING OF ROLLING HILLS

FACILITY NUMBER: 197607689

VISIT DATE: 05/15/2026

NARRATIVE	
1	A review of Medication Records Administration (MAR) was observed to be maintained in order and
2	accurate. The facility has a working landline telephone. The staff have all current CPR/First Aid Training
3	on file.
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5	During the visit, LPA observed the facility's infection control practices. LPA observed staff following
6	screening protocols for visitors, staff, and residents, sanitizing stations in common areas and restrooms.
7	LPA observed the facility has a 30-day supply of Personal Protective Equipment (PPE). Posters
8	mandated for inspection control were posted.
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10	An audit of residents #1-#6 (R1-R6) service records and staff #1-#4 (S1-S4) personnel records were
11	revealed to be complete. The facility has current liability insurance effective/09/25 - 12/09/26 with policy
12	# PC187496503. The facility is current on CCL annual dues. The facility has a current administrator's
13	certificate for Edna Dimalanta #7034484740 Expiration 07/24/27
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15	No deficiencies cited during this inspection visit.
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17	(See Technical Advisory Violation LIC 9102)
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19	An exit interview conducted with Minda Oilia and a copy of the report is provided.
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NAME OF LICENSING PROGRAM MANAGER: Janae Hammond	
NAME OF LICENSING PROGRAM ANALYST: Ernand Dabuet	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 05/15/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/15/2026