

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 197607802

Report Date: 10/03/2025

Date Signed: 10/03/2025 05:07:54 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: BETTER LIVING & CARE III	FACILITY NUMBER: 197607802
ADMINISTRATOR/LUCIEN EZROS	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 624 N. HARPER AVENUE	TELEPHONE: (323) 424-7052
CITY: LOS ANGELES	STATE: CA
CAPACITY: 6	ZIP CODE: 90048
TYPE OF VISIT: Required - 1 Year	CENSUS: 3
	DATE: 10/03/2025
	UNANNOUNCED TIME VISIT/INSPECTION BEGAN: 09:36 AM
MET WITH: Stella Ezros & Jeffrey Ezros	TIME VISIT/INSPECTION COMPLETED: 01:09 PM

NARRATIVE	
1	On September 22, 2025, Licensing Program Analyst (LPA) Ernand Dabuet conducted an unannounced
2	annual required visit using the CARE Inspection Tool. LPA met with administrators Stella Ezros and
3	Jeffrey Ezros and explained the purpose of today's visit. The facility is licensed to operate for six (6)
4	non-ambulatory elderly residents ages 60 and above. The facility is approved for (1) hospice resident.
5	Currently, the facility has no resident in hospice care.
6	
7	The facility is a single-story structure located in a residential neighborhood. It consists of the following:
8	four (3) resident's rooms, two (2) bathrooms, a living area, a dining area, a kitchen, a laundry, a garage,
9	and an outside patio area.
10	
11	LPA and administrator toured the physical plant. There were no bodies of water or obstructions on the
12	premises. All rooms were inspected. Beds and bedding supplies were in good condition, adequate
13	lighting was provided, storage for resident personal belongings was observed. Bed linens, comforters,
14	and bath towels were adequately stocked at the time of visit. Bathrooms were found to be within Title 22
15	regulations and were clean and operational. The water temperature measured 114.3 F. A comfortable
16	temperature of 73-76 degrees was maintained in the facility.
17	
18	LPA observed the facility to be sanitary and appropriately furnished at the time of visit. Storage areas for
19	personal hygiene, cleaning supplies, toxins, and sharps objects were stored and not accessible to
20	residents. The kitchen was inspected and there is sufficient perishable and non-perishable food
21	available maintained properly. Fire extinguisher were charged, smoke detectors and carbon monoxide
22	were operable. A review of the Medication Administration Record (MAR) was complete and accurate.
23	The facility has conducted a disaster drill on 09/15/25. A landline telephone was in working condition. A
24	review of staff CPR/First Aid training is current.
25	
<i>Evaluation Report Continues LIC 809-C</i>	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Janae Hammond <b>NAME OF LICENSING PROGRAM ANALYST:</b> Ernand Dabuet <b>LICENSING PROGRAM ANALYST SIGNATURE:</b> 	<b>DATE:</b> 10/03/2025
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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> 10/03/2025
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**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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES          COMMUNITY CARE LICENSING DIVISION          EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340          EL SEGUNDO, CA 90245</p>
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**FACILITY NAME:** BETTER LIVING & CARE III

**FACILITY NUMBER:** 197607802

**VISIT DATE:** 10/03/2025

NARRATIVE	
1	During the visit, LPA observed the facility's infection control practices. LPA observed screening protocols
2	for visitors, staff, and residents, and sanitizing stations in common areas and restrooms. All mandated
3	inspection control posters were posted.
4	
5	LPA observed First Aid Kit along with an American Red Cross First Aid Manual was maintained. The
6	facility has current liability insurance on file policy # 010034464-0 effective 01/10/25 through 01/10/26.
7	The facility is current on Community Care Licensing annual dues.
8	
9	An audit of residents #1-#4 (R1-R4) service files and staff #1-#2 (S1-S2) personnel files revealed to be
10	complete. The facility has the current administrator's certification on file for Jeffrey Ezros Administrator's
11	Certificate #7011160740 effective 02/24/2024 through 02/23/2026 and Stella Ezros #7006848740
12	effective 01/06/2025 through 01/05/2027.
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14	No deficiencies during this inspection visit.
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18	An exit interview was conducted with Jeffrey Ezros, and a copy of the report was provided.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Janae Hammond	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Ernand Dabuet	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 10/03/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 10/03/2025
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