

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608232
Report Date: 09/18/2025
Date Signed: 09/18/2025 10:05:59 AM

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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: SUMMER HOUSE AT LADERA HEIGHTS	FACILITY NUMBER: 197608232
ADMINISTRATOR/SHERRYL RAFOLS	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 6108 DAMASK AVENUE	TELEPHONE: (323) 792-4105
CITY: LOS ANGELES	STATE: CA
CAPACITY: 4	ZIP CODE: 90056
TYPE OF VISIT: Case Management - Deficiencies	CENSUS: 3
	DATE: 09/18/2025
	UNANNOUNCED TIME VISIT/ INSPECTION
	BEGAN: 09:05 AM
MET WITH: Marilyn Nery	TIME VISIT/ INSPECTION
	COMPLETED: 10:16 AM

NARRATIVE	
1	Licensing Program Analyst (Ernand Dabuet) made an unannounced visit to the facility and was greeted
2	by caregiver (Marilyn Nery). The Administrator (Mark Loo) was contacted by phone and explained the
3	purpose of this visit is to deliver a generated Case Management – Deficiencies, evaluation report in
4	conjunction with Complaint Control #11-AS-20191113101336 due to the following observations:
5	
6	This investigation revealed that Resident #1 was restrained to the bedrails utilizing pieces of cloth
7	sheets and shirts. The cloth restraints were placed around the resident’s wrists – while the resident was
8	wearing gloves. Staff #1 admitted the purpose of the restraints were to prevent Resident #1 from
9	removing the Foley catheter and scratching its wounds; as the resident would get agitated. Staff #1
10	expressed the necessity to occasionally restrain Resident #1 in different positions in order to prevent the
11	resident from placing pressure on its wounds. On several occasions, Witness #1 observed Resident #1
12	tied to the bed rails in this same manner and would instruct Staff #1 to immediately remove the
13	restraints. It seemed to be a reoccurring event requiring Witness #1 to repeatedly order Staff #1 to
14	remove these restraints from Resident #1.
15	
16	Based on the evidence gathered and interviews conducted, and records reviewed, the preponderance of
17	evidence standard has been met; therefore, the allegation PERSONAL RIGHTS: Resident was
18	restrained by the hands to the bedrails is found to be SUBSTANTIATED .
19	
20	According to the California Code of Regulations (Title 22, Division 6, Chapter 8), the following deficiency
21	was observed and a citation issued (ref. LIC 9099D).
22	
23	An exit interview was conducted with (Mark Loo), and copy of the Complaint Report and Appeal Rights
24	were provided to caregiver (Marilyn Nery).
25	

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond

NAME OF LICENSING PROGRAM ANALYST: Ernand Dabuet

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/18/2025

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.

LIC809 (FAS) - (09/23)

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Created By: Ernand Dabuet On 09/18/2025 at 08:08 AM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
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FACILITY NAME: SUMMER HOUSE AT LADERA HEIGHTS

FACILITY NUMBER: 197608232

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/18/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 10/02/2025 Section Cited	1 87468.1(a)(3) Personal Rights of 2 Residents in All Facilities: To be free 3 from punishment, humiliation, 4 intimidation, abuse, or other actions 5 of a punitive nature; such as, 6 withholding residents money or 7 interfering with daily-living functions; such as, eating, sleeping, or elimination.		
	8 This requirement is not met as 9 evidenced by: Staff #1 admitted the 10 purpose of the restraints and 11 expressed the necessity to 12 occasionally restrain Resident #1 in 13 different positions. This violation 14 poses an immediate health and safety risk to residents in care.	8 The plan is due to CCLD/EI Segundo 9 ASC Office by POC date of 09/19/25. 10 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

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	Janae Hammond
MANAGER:	

NAME OF LICENSING PROGRAM Ernand Dabuet

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/18/2025