

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 197608232

Report Date: 02/25/2026

Date Signed: 02/25/2026 03:16:29 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:	SUMMER HOUSE AT LADERA HEIGHTS	FACILITY NUMBER:	197608232
ADMINISTRATOR/SHERRYL RAFOLS		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(323) 792-4105
ADDRESS:	6108 DAMASK AVENUE	STATE:	CA
CITY:	LOS ANGELES	ZIP CODE:	90056
CAPACITY:	4	CENSUS:	4
TYPE OF VISIT:	Required - 1 Year	DATE:	02/25/2026
		UNANNOUNCED TIME VISIT/INSPECTION	12:21 PM
		BEGAN:	
MET WITH:	Michael Yniesta,Caregiver	TIME VISIT/INSPECTION	03:45 PM
		COMPLETED:	

### NARRATIVE

1 Licensing Program Analyst (LPA) Sparkle Day conducted an unannounced visit to the above facility. The  
2 purpose of today's visit was to conduct the one-year inspection. LPA met with Michael Yniesta  
3 ,Caregiver and the purpose of the visit was discussed. LPA spoke with Administrator Mark Loo via  
4 phone. The facility is licensed to serve four (4) non- ambulatory residents age 60 and over . The facility  
5 has an approved hospice waiver for (2) residents and 1 bedridden in room #2 Only.. None of the  
6 residents are receiving home health. One (1) resident is receiving hospice care services. The facility  
7 does not handle any of the residents' money.

8  
9 This home is a single story home consisting of: (3) resident bedrooms, (2) Full bathroom,living room,  
10 dining room, kitchen, staff bedroom and staff bathroom, laundry area, garage and an outdoor shaded  
11 patio area. LPA toured the Resident bedrooms had the required furniture, bed linens and closet/drawer  
12 space to accommodate each resident comfortably. Resident bathrooms were checked. Toilets and water  
13 faucets worked properly, shower was free of mold/mildew and a non-skid mat was in place, water  
14 temperature measured between 118.1F. Resident bath towels, toiletries and personal hygiene supplies  
15 were adequately stocked. Common areas were clean and clear of hazards; doorways were free of  
16 obstructions.

17  
18 Kitchen was checked and observed to be within Title 22 regulations. Perishable and non-perishable food  
19 supply was checked. All cleaning solutions, hazardous items, and medications were securely locked and  
20 inaccessible to residents. Smoke detectors were working properly and fire extinguisher was fully  
21 charged. Carbon monoxide detector was operational. First Aid kit was available. Outside grounds were  
22 toured and no bodies of water were observed. Walkways around the home were clear of hazards. There  
23 are no security bars or weapons on the premises.

24  
25 According to the California Code of Regulations (Title 22, Division 6, Chapter 8), LPA observed the following  
deficiencies and issued a citation. (See 809-D)

**NAME OF LICENSING PROGRAM MANAGER:** Janae Hammond

**NAME OF LICENSING PROGRAM ANALYST:** Sparkle Day

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 02/25/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/25/2026

**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 6**

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 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 III, 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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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	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  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 197608232  
**VISIT DATE:** 02/25/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87303(e)(4)</b>	
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**Maintenance and Operation**

(4) Grab bars shall be maintained for each toilet, bathtub and shower used by residents.	
This requirement is not met as evidenced by:	
	<b>Deficient Practice Statement</b>
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above in. All bathrooms did not have grab bars in shower areas which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	<b>POC Due Date:</b> 03/04/2026
	<b>Plan of Correction</b>
1	Administrator will ensure that grab bars are install in All resident bathroom shower area for their safety. Administrator will send a picture of correction to LPA Sparkle Day by POC date 3/4/26 at Sparkle.day@dss.ca.gov
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		<b>Section Cited</b>			
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	<b>Deficient Practice Statement</b>
1	
2	
3	
4	
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
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:**

**NAME OF LICENSING PROGRAM**

Sparkle Day

**ANALYST:**

**LICENSING PROGRAM ANALYST SIGNATURE:**

[Signature area]

**DATE:** 02/25/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

[Signature area]

**DATE:** 02/25/2026

LIC809 (FAS) - (06/04)

Page: 3 of 6

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**FACILITY EVALUATION REPORT (Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
, 400 CONTINENTAL BLVD, STE 340  
EL SEGUNDO, CA 90245

**FACILITY NAME:** SUMMER HOUSE AT LADERA HEIGHTS

**FACILITY NUMBER:** 197608232

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 02/25/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87411(f)	
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**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) (record review)], the licensee did not comply with the section cited above . Three (3) staff did not have updated First Aide Certificates on file which poses/posed a potential health, safety or personal rights to persons in care.risk
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**POC Due Date:** 03/02/2026

**Plan of Correction**

1	Administrator will ensure all staff have current First Aide Certificates on file: Administrator will send copy of certiifcates to LPA Sparkel.day@dss.ca.gov by POC date
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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.**

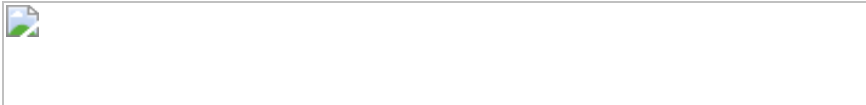
**NAME OF LICENSING PROGRAM** Janae Hammond  
**MANAGER:**  
**NAME OF LICENSING PROGRAM** Sparkle Day  
**ANALYST:**



DATE: 02/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



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**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87412(a)(11)</b>	
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**Personnel Records**

(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information: (11) A health screening as specified in Section 87411, Personnel Requirements - General.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above . Staff Michael Yniest did not have a health screening on file. which poses/posed a potential health, safety or personal rights risk to persons in care.
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	<b>POC Due Date:</b> 03/04/2026
	<b>Plan of Correction</b>
1	Administrator ensures that Staff M. Yniest has a health screening on file by POC date 3/4/26 and send copy to LPA Sparkle.day@dss.ca.gov
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	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87506(b)(10)</b>	
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**Resident Records**

(b) Each resident's record shall contain at least the following information: (10) Reports of the medical assessment specified in Section 87458 Medical Assessment, and of any special problems or precautions.

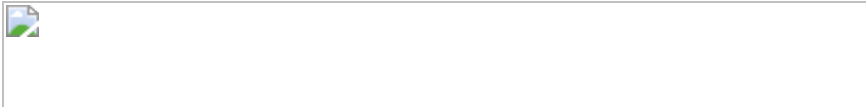
This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above . Three residents did not have medical assessment which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
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	<b>POC Due Date:</b> 03/10/2026
	<b>Plan of Correction</b>
1	Administrator ensures that All residents have current medical assessments on file by POC date 3/4/26 and send copy to LPA Sparkle.day@dss.ca.gov
2	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Janae Hammond
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Sparkle Day
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 02/25/2026

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 02/25/2026

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**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87506(b)(17)(A)</b>	
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**Resident Records**

(b) Each resident's record shall contain at least the following information: (17) Documents and information required by the following: (A) Section 87457, Pre-Admission Appraisal;

This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above. Resident #4 did not have Pre-Admission Appraisal on file which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
<b>POC Due Date:</b>	03/06/2026
<b>Plan of Correction</b>	
1	Administrator agrees to send copy of Resident #4 Pre appraisal to LPA Sparkle.day@dss.ca.gov by POC date
2	
3	
4	

	<b>Type B</b>	<b>Section Cited</b>	<b>HSC</b>	<b>1569.695(c)</b>	
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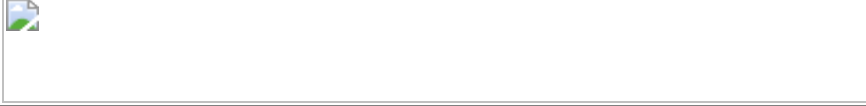
**Other Provisions**

(c) A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.

This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above. The last dated fire drill noted in the facility was March 15, 2025 which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
<b>POC Due Date:</b> 03/04/2026	
<b>Plan of Correction</b>	
1	Administrator agrees to perform fire drills at least quarterly and note in the facility. A copy of the fire drill report shall be noted and sent to LPA Sparkle.day@dss.ca.gov by POC date
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.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Janae Hammond
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Sparkle Day
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 02/25/2026
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 02/25/2026