

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608842

Report Date: 01/22/2026

Date Signed: 01/22/2026 01:28:07 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: SUNNY HILLS ASSISTED LIVING (MEMORY CARE)	FACILITY NUMBER: 197608842
ADMINISTRATOR/SUNGNAM PARK "SUSAN"	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 8717 WEST OLYMPIC BLVD.	TELEPHONE: (310) 659-4301
CITY: LOS ANGELES	STATE: CA
CAPACITY: 120;	CENSUS: 68
120	DATE: 01/22/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION
	BEGAN: 08:35 AM
MET WITH: Jung Hee Kim	TIME VISIT/ INSPECTION
	COMPLETED: 01:30 PM

NARRATIVE

1 On 01/22/26, Licensing Program Analyst (LPA) Elvira Gonzalez conducted an unannounced annual
2 required visit using the CARE Inspection Tool. LPA met with Jung Hee Kim, Administrator, and explained
3 the purpose of the visit. LPA was granted access to the facility. The facility is licensed to serve (120)
4 elderly adults ages 60 and above, of which (120) can be non-ambulatory and (35) bedridden on
5 rooms:100-116,228,302-329. The facility has an approved hospice waiver for (10).
6
7 The facility is a four-story building located on a main street. The basement/first floor consists of a
8 parking garage. The second floor consists of the medicine room, industrial kitchen, office, front desk,
9 dining room, common room, patio area with shaded seating, and resident rooms for assisted living. The
10 third floor consists of resident rooms for assisted living, and community rooms. The fourth floor consists
11 of the memory care unit, the bedridden unit, and resident bedrooms.
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14
15 LPA Gonzalez and Jung Hee Kim toured the physical plant. There were no bodies of water or
16 obstructions on the premises. LPA inspected a total of six (6) bedrooms and six (6) bathrooms. The beds
17 and bedding supplies were in good condition, adequate lighting was provided, and storage for the
18 residents' personal belongings was observed. The bathrooms were found to be within Title 22
19 regulations and were , operational. The water temperature properly measured between 105.0°F and
20 120°F.
21
22 LPA Gonzalez observed that the facility to be clean, sanitary, and appropriately furnished. Storage areas
23 for personal hygiene were in place. Cleaning supplies, toxins, and sharp objects were stored in a way
24 that made them inaccessible to residents in care.
25

NAME OF LICENSING PROGRAM MANAGER: Stephanie Cifuentes

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature box]

DATE: 01/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature box]

DATE: 01/22/2026

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

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 FACILITY EVALUATION REPORT (Cont)	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: SUNNY HILLS ASSISTED LIVING
(MEMORY CARE)

FACILITY NUMBER: 197608842

VISIT DATE: 01/22/2026

NARRATIVE	
1	The kitchen was inspected, and there was sufficient perishable and non-perishable food available, and
2	properly maintained. Fire extinguishers were charged and operable. Smoke and carbon monoxide
3	detectors were in operable condition. The last Fire/Disaster Drills were conducted on 12/26/25.
4	
5	A review of (6) residents' service files and (5) staff personnel files was maintained in order. LPA
6	reviewed (3) Medication Administration Records (MARs) and found no discrepancies. Medications are
7	centrally stored in the facility's medication room. The facility is equipped with fully stocked first aid kits
8	with manuals.
9	
10	LPA observed the facility's infection control practices. All mandated inspection control posters were
11	displayed throughout the facility. A copy of liability insurance was provided to LPA. Facility Annual Fess
12	current.
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14	No citations were issued during this inspection.
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16	An exit interview was conducted, and a copy of this report was provided to Jung Hee Kim, Administrator.
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NAME OF LICENSING PROGRAM MANAGER: Stephanie Cifuentes NAME OF LICENSING PROGRAM ANALYST: Elvira Gonzalez LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/22/2026
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/22/2026
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: SUNNY HILLS ASSISTED LIVING (MEMORY CARE) **FACILITY NUMBER:** 197608842
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 01/22/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.618(c)(3)	
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(c)The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following: (3) Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on the premises at all times. This paragraph shall not be construed to require staff to provide CPR.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation and record review, the licensee did not comply with the section cited above in four (4) out of five (5) Staff S1-S4 did not have First Aid/CPR, which poses/posed a potential health, safety or personal rights risk to persons in care.
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3	
4	
	POC Due Date: 02/05/2026
	Plan of Correction
1	Licensee will ensure that all staff are CPR trained and certified and up to date. Licensee will email copy of the First/Aid/CPR cards to LPA via email, at Elvira.Gonzalez@dss.ca.gov, on or before the POC due date.
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		Section Cited			
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	Deficient Practice Statement
1	
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4	
	POC Due Date:
	Plan of Correction
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:	Stephanie Cifuentes
NAME OF LICENSING PROGRAM ANALYST:	Elvira Gonzalez
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/22/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/22/2026

