

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 197609311

Report Date: 11/22/2025

Date Signed: 11/22/2025 06:53:48 PM

Document Has Been Signed on 11/22/2025 06:53 PM - It Cannot Be Edited

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:	WATERMARK AT BEVERLY HILLS, THE	FACILITY NUMBER:	197609311
ADMINISTRATOR/DIRECTOR:	BLASIA LEE-LOLE	FACILITY TYPE:	740
ADDRESS:	220 N CLARK DRIVE	TELEPHONE:	(310) 860-9234
CITY:	BEVERLY HILLS	STATE:	CA
CAPACITY:	75	ZIP CODE:	90211
TYPE OF VISIT:	Required - 1 Year	CENSUS:	55
		DATE:	11/22/2025
		UNANNOUNCED TIME VISIT/INSPECTION:	09:17 AM
MET WITH:	Blasia Lee-Lole/Executive Director	BEGAN TIME VISIT/INSPECTION:	02:30 PM
		COMPLETED:	

### NARRATIVE

1 On 11/22/2024, Licensing Program Analyst (LPA) Alfonso Iniguez conducted an  
2 unannounced annual required visit using the CARE Inspection Tool. LPA met with  
3 Angela Rincon /HR Director the later with Blasia Lee-Lole/Executive Director. LPA  
4 explained the purpose of today's visit. The facility is licensed to serve (75) elderly  
5 adults ages 60 and above non-ambulatory, of which (6) can be bedridden. Approved  
6 hospice waiver for (6) residents. Currently the facility has (55) residents.  
7

9 The facility is a commercial building located in a residential neighborhood,  
10 comprising five (5) floors, including a basement. The first floor includes a reception  
11 area, dining room, food service area, administrative offices, salon, medication room,  
12 and records room.  
13

15 LPA Iniguez and the Administrator toured the physical plant. There were no bodies of  
16 water or obstructions on the premises. LPA inspected a total of (5) bedrooms and (5)  
17 bathrooms. The beds and bedding supplies were in good condition, adequate  
18 lighting was provided, and storage for the residents' personal belongings was  
19 observed. The bathrooms were found to be within Title 22 regulations and were  
20 operational. Smoke and carbon monoxide detectors were in operable condition. The  
21 water temperature ranged from 115.5°F to 117.2°F.  
22

24 [The evaluation Report continues on the next page, LIC 809-C, providing](#)  
25 [further details of the inspection findings.](#)

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez

NAME OF PROGRAM ANALYST: Alfonso Iniguez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/22/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/22/2025

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

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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

**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  <b>FACILITY EVALUATION REPORT (Cont)</b>	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:** WATERMARK AT BEVERLY HILLS, THE

**FACILITY NUMBER:** 197609311

**VISIT DATE:** 11/22/2025

NARRATIVE	
1	During the visit, LPA Iniguez observed that the facility was clean, sanitary, and
2	appropriately furnished. Storage areas for personal hygiene were in place. The
3	kitchen was inspected, and there was sufficient perishable and non-perishable food
4	available, which was adequately maintained. All fire extinguishers were charged and
5	operable. The last Fire/Disaster Drills was conducted on 10/21/25.
6	
7	
8	A review of (5) residents' service files and (5) staff personnel files were reviewed.
9	LPA reviewed (1) Medication Administration Records (MARs) and found no
10	discrepancies.
11	
12	
13	LPA observed the facility's infection control practices. All mandated inspection
14	control posters were displayed throughout the facility. <b>A copy of liability insurance</b>
15	<b>will be emailed to LPA. Facility Annual Fess current.</b>
16	
17	<b>Deficiency cited under California Code of Regulations, Title 22, Division 6,</b>
18	<b>Chapter 8. See details below:</b>
19	
20	
21	<b>- Type A citation: (2) facility staff not associated in Guardian. (Civil Penalty</b>
22	<b>rendered for \$1000 dollars)</b>
23	
24	<b>-Type B citation: (4) facility employees without TB test on file</b>
25	
26	
27	<b>Note: *Citations not cleared by the due date will be a \$100 fine assessed for</b>
28	<b>each citation until it is cleared. Civil penalties will continue to accrue until</b>
29	<b>Proof of Corrections (POC) is cleared. *</b>
30	
31	<b>An exit interview was conducted, and a copy of the Facility Evaluation Report</b>
32	<b>was provided to Blasia Lee-Lole / Executive Director.</b>

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Eva M Alvarez <b>NAME OF LICENSING PROGRAM ANALYST:</b> Alfonso Iniguez <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 11/22/2025
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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> 11/22/2025
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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
<b>FACILITY EVALUATION REPORT (Cont)</b>	

**FACILITY NAME:** WATERMARK AT BEVERLY HILLS, THE  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 197609311  
**VISIT DATE:** 11/22/2025

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

	<b>Type A</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87355(e)(3)</b>	
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**Criminal Record Clearance**

(e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility: (3) Request a transfer of a criminal record clearance as specified in Section 87355(c) or  
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  
2 above in not having 2 facility staff associated on Guardian which poses an immediate health, safety or  
3 personal rights risk to persons in care.  
4

**POC Due Date:** 11/24/2025

**Plan of Correction**

1 Licensee will adhere to Title 22 at all times. As part of the Plan of Correction (POC) the licensee will  
2 associate the 2 facility staff on Guardian by the POC due date. A proof of association will be sent to LPA  
3 Iniguez via email.  
4

		<b>Section Cited</b>			
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**Deficient Practice Statement**


1  
2  
3  
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.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Eva M Alvarez
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Alfonso Iniguez
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 11/22/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 11/22/2025

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:** WATERMARK AT BEVERLY HILLS, THE  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 197609311  
**VISIT DATE:** 11/22/2025

**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 in 4 facility staff without TB test on file which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	

**POC Due Date:** 12/01/2025

**Plan of Correction**

1	Licensee will adhere to Title 22 at all times. As Plan of Correction (POC), the licensee will submit proof of negative TB test to LPA Iniguez by POC due 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>	Eva M Alvarez
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Alfonso Iniguez
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 11/22/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 11/22/2025