

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198203965
Report Date: 07/10/2026
Date Signed: 07/10/2026 12:25:25 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: VILLA CHRISTA		FACILITY NUMBER:	198203965
ADMINISTRATOR/ARLENE FELICIANO		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	16421 CHANERA AVE	TELEPHONE:	(310) 719-8997
CITY:	TORRANCE	STATE: CA	ZIP CODE: 90504
CAPACITY: 6; 6		CENSUS: 5	DATE: 07/10/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	09:10 AM
		BEGAN:	
MET WITH:	Arlene Feliciano	TIME VISIT/	
		INSPECTION	12:35 PM
		COMPLETED:	
NARRATIVE			
1	On 07/10/26, at 09:10am, Licensing Program Analyst (LPA) Perry Scott conducted		
2	an unannounced annually required inspection visit to Villa Christa. LPA was met by		
3	Administrator, Arlene Feliciano, and the purpose of today's visit was explained. The		
4	facility is licensed to serve six (6) non-ambulatory residents ages 60 and above, with		
5	an approved hospice waiver for one (1) resident. Currently the facility has (5)		
6	residents. The facility's annual fees are current.		
7			
8			
9	The facility is a single-story structure in a residential neighborhood. It consists of the		
10	following: five (5) resident rooms, a staff room, two (2) bathrooms, living area, dining		
11	area, kitchen, attached garage, and an outside shaded patio area.		
12			
13			
14	At 9:50am, LPA and staff toured the facility. There are no bodies of water or		
15	firearm/ammunition on the premises. All resident rooms were checked. Beds and		
16	bedding were in good condition, adequate lighting provided, and adequate storage		
17	for resident personal belongings was observed. Walls and floors were in good repair.		
18	Bed linens, comforters, and bath towels were adequately stocked at the time of visit.		
19	Bathrooms were found to be within Title 22 regulations. Toilets and water faucets		
20	worked properly. The shower was free of mold/mildew, there was adequate lighting,		
21	and sufficient toiletries were accessible to clients. The water temperature measured		
22	118.9F degrees in the bathroom. A comfortable temperature is maintained in the		
23	facility.		
24			
25	Report Continued On LIC809-C		

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond	
NAME OF LICENSING PROGRAM ANALYST: Perry Scott	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/10/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/10/2026

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 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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FACILITY NAME: VILLA CHRISTA

FACILITY NUMBER: 198203965
VISIT DATE: 07/10/2026

NARRATIVE	
1	LPA observed the facility to be clean, sanitary, and appropriately furnished at the
2	time of visit. Storage areas for cleaning agents, toxins, and sharps were inaccessible
3	to residents. The kitchen was inspected and there is enough perishable and non-
4	perishable food available for the residents. All food items were stored properly. The
5	water temperature measured 117.9F degrees in the kitchen. Medications were
6	centrally stored and properly locked, first aid kit was checked and fully stocked with
7	manual. The fire extinguishers were charged, and the smoke/ carbon monoxide
8	detectors were operable. The last fire/emergency drill was conducted on 05/01/2026.
9	The facility's administrator's certificate (7005359740) was valid from 4/04/2026
10	through 4/03/2028. The facility's liability insurance was valid from 12/29/2025
11	through 12/29/2026.
12	
13	LPA conducted a review of (5) resident records, (3) staff records and reviewed the
14	facility disaster plan. LPA observed that residents had the required documents in
15	their file. Staff records were complete with required documents and training. The
16	facility disaster plan was current and in compliance with Title 22 at the time of visit.
17	LPA reviewed (5) resident medication administration records, and medication, and
18	did not observe any discrepancies at the time of visit.
19	
20	During the visit, LPA observed the facility infection control practices. LPA observed
21	screening protocols for visitors, staff, and clients. LPA observed that sanitizing
22	stations were in common areas and restrooms. LPA observed that the facility had the
23	required postings, posted throughout the facility.
24	
25	LPA advised the facility to continuously monitor the Centers for Disease Control
26	(CDC) website and Community Care Licensing (www.cdss.ca.gov) for Provider
27	Informational Notices (PIN) and for any updates relating to COVID-19 guidance and
28	other related issues.
29	
30	No deficiencies were cited during this inspection visit.
31	
32	An exit interview was held, and a copy of this Facility Evaluation Report was
	provided to Administrator, Arlene Feliciano.

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond	
NAME OF LICENSING PROGRAM ANALYST: Perry Scott	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/10/2026

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

