

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198204855
Report Date: 04/16/2026
Date Signed: 04/16/2026 03:58:38 PM

Document Has Been Signed on 04/16/2026 03:58 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	AMERICARE ASSISTED LIVING	FACILITY NUMBER:	198204855
ADMINISTRATOR/LEIA D. DIMALANTA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	2420 ROCKEFELLER LANE	TELEPHONE:	(310) 422-5364
CITY:	REDONDO BEACH	STATE: CA	ZIP CODE: 90278
CAPACITY: 6		CENSUS: 6	DATE: 04/16/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	12:41 PM
		BEGAN:	
MET WITH:	Leia Dimalanta	TIME VISIT/	
		INSPECTION	04:15 PM
		COMPLETED:	

NARRATIVE	
1	On 04/16/26, Licensing Program Analyst (LPA) Regina Cloyd conducted an unannounced annual required visit using the CARE Inspection Tool. LPA met with Licensee Leia Dimalanta. LPA explained the purpose of today's visit. The facility is licensed to serve six residents ages 60 and above. Of which six may be non-ambulatory.
2	
3	
4	
5	
6	
7	
8	During today's visit, LPA toured the facility, reviewed five resident records, reviewed two resident medications, and facility documents.
9	
10	
11	Deficiencies were observed, see LIC809-D. During the facility tour, LPA measured the water temperature between 128 - 130 degree Fahrenheit for both bathrooms. During record review, Resident #3's (R3) medical assessment (02/15/26) revealed R3 as bedridden. R3 is non-weight bearing for a total of six weeks. Licensee indicated R3 was temporarily in brace/cast and is non-ambulatory. R3 has not been reassessed.
12	
13	
14	
15	
16	
17	
18	
19	Due to insufficient time, an annual continuation is required. An exit interview was conducted, plans of correction developed, and a copy of this report with appeal rights were provided to the Licensee Leia Dimalanta.
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel
NAME OF LICENSING PROGRAM ANALYST: Regina Cloyd

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/16/2026

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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

Document Has Been Signed on 04/16/2026 03:58 PM - It Cannot Be Edited

Created By: Regina Cloyd On 04/16/2026 at 03:35 PM
Link to Parent Document Below:

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: AMERICARE ASSISTED LIVING	FACILITY NUMBER: 198204855
DEFICIENCY INFORMATION FOR THIS PAGE:	VISIT DATE: 04/16/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87303(e)	
Water supplies and plumbing fixtures shall be maintained as follows: (2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degree C) and not more than 120 degree F (49 degree C).					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation, the licensee did not comply with the section cited above in two bathrooms which poses an immediate safety risk to persons in care. During the facility tour, LPA measured the water temperatures between 128 - 130 degree F.				
2					
3					
4					
	POC Due Date: 04/17/2026				
	Plan of Correction				
1	The Licensee will email a plan of correction, including how staff plans to regularly measure the water temperatures, to regina.cloyd@dss.ca.gov				
2					
3					
4					
		Section Cited			
	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.

NAME OF LICENSING PROGRAM	Ulysses Coronel
MANAGER:	Regina Cloyd

NAME OF LICENSING PROGRAM

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/16/2026

LIC809 (FAS) - (06/04)

Page: 3 of 4

Document Has Been Signed on 04/16/2026 03:58 PM - It Cannot Be Edited

Created By: Regina Cloyd On 04/16/2026 at 03:41 PM

Link to Parent Document Below:

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: AMERICARE ASSISTED LIVING

FACILITY NUMBER: 198204855

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/16/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87458(b)	
(b) The licensee shall obtain an updated medical assessment when required by the Department.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on record review, the licensee did not comply with the section cited above for Resident #3 (R3)				
2	which posed a potential health and safety risk to persons in care. R3's medical assessment (02/15/26)				
3	revealed R3 as bedridden. It also reveals the patient is non-weight bearing for a total of six weeks. Per				
4	Licensee, R3 is non-ambulatory. The Licensee did not have R3 reassessed after the six weeks.				
	POC Due Date: 04/23/2026				
	Plan of Correction				
1	The Licensee will have R3 reassessed and email medical assessment to regina.cloyd@dss.ca.gov by				
2	the POC due date.				
3					
4					

		Section Cited			
	Deficient Practice Statement				
1					
2					
3					
4					
	POC Due Date: 04/03/2026				
	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:	Ulysses Coronel
---------------------------------------	-----------------

NAME OF LICENSING PROGRAM Regina Cloyd

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/16/2026