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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320032
Report Date: 08/10/2026
Date Signed: 08/10/2026 04:07:41 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, , CA

FACILITY NAME:	KENSINGTON REDONDO BEACH, THE		FACILITY NUMBER:	198320032
ADMINISTRATOR/ DIRECTOR:	MAY, ROBERT		FACILITY TYPE:	740
ADDRESS:	801 S PACIFICA COAST HIGHWAY		TELEPHONE:	(424) 241-2064
CITY:	REDONDO BEACH	STATE: CA	ZIP CODE:	90277
CAPACITY: 132		CENSUS: 112	DATE:	08/10/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	08:40 AM
MET WITH:	Robert May, Executive Director		TIME VISIT/ INSPECTION COMPLETED:	04:10 PM

NARRATIVE

Licensing Program Analyst (LPA) Galarza conducted an unannounced Required- 1 year visit. LPA met with Director of Nursing Janie Acosta. Executive Director Robert May arrived shortly after. The Residential Care for Elderly (RCFE) facility serves residents ages 60 and over. The facility has two Memory Care Units for cognitively impaired residents.

The following were observed/inspected:

Infection Control: The Infection Control Plan was reviewed and is current.

Operational Requirements: The facility has an approved fire clearance for 132 non-ambulatory residents, of which 30 may be bedridden. A hospice waiver for 30 residents is approved. Facility does not handle resident monies. Liability Insurance in the amount of at least ($1,000,000) per occurrence and ($3,000,000) in total annual aggregate expires 6/1/2027.

Physical Plant/Environment Safety: LPA toured the facility grounds. It is a two- story building consisting 91 resident rooms, lobby, library, cafe, loggia, kitchen, 4 dining rooms, parlor, piano lounge cafe, cinema, art studio, ocean room, family room, physical therapy room, massage room, doctor's office, 2 terraces, laundry room, medication room, and administrative offices.

Twenty four (24) resident rooms, common areas were inspected. Resident rooms have required furniture, bedding, linens, mattress pads and lighting. Bathrooms are equipped with non-skid surfaces and grab bars. Exit doors are free of any obstruction. Cleaning supplies and toxic substances are inaccessible to residents. The signal system was tested and is operational. Water temperature readings measured within the required 105 - 120 degrees Fahrenheit. There are evacuation chairs on facility stairwells to be used during an emergency as a path of egress from the facility to safety. The facility is equipped with fire extinguishers, sprinklers, smoke detectors, and carbon monoxide detectors. The last fire inspection was conducted on 2/20/2026.

Wei Siew Ho
Noemi Galarza

DATE: 08/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/10/2026

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, , CA

FACILITY NAME: KENSINGTON REDONDO BEACH, THE **FACILITY NUMBER:** 198320032

VISIT DATE: 08/10/2026

NARRATIVE

Staffing: A total of 183 staff members provides care and supervision to the clients.

Personnel Records/Staff Training: Administrator certificate expires 8/13/2026. 10 staff files were reviewed. They contained 1st Aid/CPR training, personnel records, health/TB screenings, and training records. Staff have criminal background clearance.

Resident Records/Incident Reports: Ten (10) resident files were reviewed. They contained Admission Agreements, Service Plans, Physician's Reports, Appraisals, TB clearance, Physician's Orders, medical consent, and centrally stored medication records.

RCFE & Ombudsman complaint posters are posted.

Planned Activities: Facility activity calendar was posted. Sufficient space to accommodate both indoor and outdoor activities was observed.

Food Service: Food supply was checked in the kitchen and pantry storage areas, consisting of 2-day perishables, 7-day non-perishables, and emergency food supplies. Residents have physician orders for modified diets. A diet list was observed in the kitchen. Sanitation practices and kitchen cleanliness was observed. Executive Chef has current Food Manager Certification. The walk-in freezer had uncovered puree sweet potatoes and the head of a cabbage was spoiled. A citation was issued.

Incident Medical and Dental: Centrally stored resident medications were reviewed; containing a 30-day supply of medications. Medical and dental transportation is provided by family or facility bus.

Disaster Preparedness: Emergency and Disaster Plan LIC 610E was reviewed and is updated. Facility has a First Aid Kit and Manual. The last emergency disaster drill was conducted on 7/14/2026.

Residents with Special Health Needs: There are currently 10 residents receiving hospice services and 10 residents receiving home health services. Individual Service Plans, Appraisals, and postural support physician orders are on file.

Pursuant to Title 22 deficiencies a citation was issued.

Exit interview was conducted with Robert May. A copy of report and appeal rights were issued.

NAME OF LICENSING PROGRAM MANAGER: Wei Siew Ho
NAME OF LICENSING PROGRAM ANALYST: Noemi Galarza
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 08/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/10/2026

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Created By: Noemi Galarza On 08/10/2026 at 03:52 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , , CA

FACILITY NAME: KENSINGTON REDONDO BEACH, THE **FACILITY NUMBER:** 198320032
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/10/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87555(b)(28)	

General Food Service Requirements
The following food service requirements shall apply: All food shall be protected against contamination. Contaminated food shall be discarded immediately upon discovery. This requirement was not met evidenced by:
Based on observation, there was a spoiled cabbage head and 2 trays of uncovered puree sweet potato servings in the walk-in refrigerator. This poses a potential health, safety or personal rights risk to persons in care.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above because there was a spoiled cabbage head and 2 trays of uncovered puree sweet potato servings in the walk-in refrigerator. This poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 08/24/2026
	Plan of Correction
1 2 3 4	Facility shall ensure staff protect all stored food from contamination by covering all food items in the walk-in refrigerator/freezer and discard spoiled food. Please submit proof of staff in-service training.

		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 MANAGER: Wei Siew Ho
NAME OF LICENSING PROGRAM ANALYST: Noemi Galarza
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/10/2026