

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320032
Report Date: 08/01/2025
Date Signed: 08/01/2025 02:19:44 PM

Document Has Been Signed on 08/01/2025 02:19 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:	KENSINGTON REDONDO BEACH, THE	FACILITY NUMBER:	198320032
ADMINISTRATOR/MAY, ROBERT		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(424) 241-2064
ADDRESS:	801 S PACIFICA COAST HIGHWAY	ZIP CODE:	90277
CITY:	REDONDO BEACH	STATE: CA	
CAPACITY: 132		CENSUS: 112	DATE: 08/01/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	08:21 AM
MET WITH:	Robert May	BEGAN: TIME VISIT/INSPECTION	02:30 PM
		COMPLETED:	

NARRATIVE	
1	On 08/01/2025, Licensing Program Analyst (LPA) Regina Cloyd and Antonine
2	Richard conducted an unannounced required – annual inspection and met with
3	Executive Director Robert May.
4	
5	
6	The facility is licensed to serve 132 non-ambulatory residents, of which 30 may be
7	bedridden. The facility has a hospice waiver approved for 30 residents and
8	currently has 20 residents on hospice. The facility is a two-story building located
9	in a residential neighborhood. It has three neighborhoods within the facility that
10	includes: Assisted Living, Connections, and Haven. It consists of (116) bedrooms,
11	(133) bathrooms, shaded courtyard, shaded front yard with water fountain, and
12	trash area in the back of building in the south parking lot. Annual Fees are current.
13	
14	
15	
16	
17	
18	
19	
20	The first floor consists of Assisted Living, a kitchen, staff room, laundry room,
21	dining room, library, four restrooms (three inside building and one outside
22	courtyard area), lobby area, reception area, executive office, copy room, hallways,
23	bistro, cinema room (team member desk), electric room, Continue to LIC809-C.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel

NAME OF LICENSING PROGRAM ANALYST: Regina Cloyd

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/01/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/01/2025

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 EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
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FACILITY NAME: KENSINGTON REDONDO BEACH, THE

FACILITY NUMBER: 198320032

VISIT DATE: 08/01/2025

NARRATIVE

1 Director of Team Support office, Maintenance closet, French dining room, Loggia
2 with fireplace, dining supplies closet, and activity room.
3
4
5 The second floor consists of the Connections and Haven neighborhoods.
6 Connections consist of a closet with medical supplies, spa, linens storage, nursing
7 supply storage, cafe, activity room, family room with fireplace and office, trash
8 closet, electrical closet, toxic supplies closet, and patio. Haven consists of a cafe,
9 activity room with sink, ocean room with balcony and fireplace, laundry room,
10 trash closet, and electrical closet. Medication carts are in all three neighborhoods.
11
12
13
14 The Connections Manager accompanied LPA Richard inside and outside the
15 facility during this inspection. Outside grounds were toured and no bodies of water
16 were observed. All walkways, paths and passageways were clean, clear, and free of
17 debris, hazards, and obstructions.
18
19
20
21 LPA toured the kitchen area and observed a two-day supply of perishable and a
22 seven-day supply of non-perishable food. Knives and toxins were kept in locked
23 storage cabinets. The first Aid kit was available. Redondo Beach Fire Department
24 completed the facility's fire and safety inspection on 07/21/2025. It is approved for
25 delayed egress and secured (locked) perimeter.
26
27
28
29 Resident bedrooms (Rooms 109, 121, 213, 214, 221, 226, 229, and 237) had the
30 required furniture, bed linens and closet/drawer space to accommodate each
31 resident comfortably. There are no security bars or weapons on the premises.
32
Continue to LIC809-C.

NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel NAME OF LICENSING PROGRAM ANALYST: Regina Cloyd LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/01/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/01/2025
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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** KENSINGTON REDONDO BEACH, THE**FACILITY NUMBER:** 198320032**VISIT DATE:** 08/01/2025**NARRATIVE**

1 Resident bathrooms were checked. Toilets and water faucets worked properly, grab
2 bars were secure, shower was free of mold/mildew and a non-skid mat was in
3 place, and hot water temperature properly measured at 119.0°F (room 109) and
4 120.1°F (Room 237). Resident bath towels were adequately stocked.
5
6

7
8 Common areas were clean and clear of hazards. Doorways were free of
9 obstructions.
10

11
12 Ten (10) staff records were reviewed, 10 out of 10 staff records had the required
13 criminal record clearances or criminal record exemptions.
14

15
16 Ten (10) resident records were reviewed, 10 out of 10 resident records had pre-
17 appraisal or reappraisals. Four residents' medication was reviewed.
18

19
20 No deficiencies are being cited.
21

22 An exit interview was conducted, technical assistance provided, and a copy of this
23 report was discussed and left with the Associate Executive Director Rachael
24 Martinez.
25
26
27
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29
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31
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NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel**NAME OF LICENSING PROGRAM ANALYST:** Regina Cloyd**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 08/01/2025

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FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/01/2025