

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320082
Report Date: 08/28/2026
Date Signed: 08/28/2026 12:49:46 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:	A CARING TOUCH BOARD AND CARE II	FACILITY NUMBER:	198320082
ADMINISTRATOR/WELLS, NICHOLAS		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(510) 384-3431
ADDRESS:	2108 OAK ST	ZIP CODE:	90405
CITY:	SANTA MONICA	STATE: CA	
CAPACITY: 6		CENSUS: 6	
TYPE OF VISIT:	Required - 1 Year	DATE:	08/28/2026
		UNANNOUNCED TIME VISIT/INSPECTION	09:03 AM
		BEGAN:	
MET WITH:	Paige Esquivel	TIME VISIT/INSPECTION	01:00 PM
		COMPLETED:	

NARRATIVE	
1	On 08/28/26, Licensing Program Analyst (LPA) Regina Cloyd conducted an unannounced annual visit using the CARE Inspection Tool. LPA met with House Manager Paige Esquivel and explained the purpose of today's visit. The facility is licensed to serve six non-ambulatory residents, of which three may be bedridden. Bedrooms #2 and #3 are approved for bedridden. The facility has a hospice waiver for six residents. The facility does not currently have any residents receiving hospice care services. Annual fees are current.
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10	The facility is a single-story home with five bedrooms, five bathrooms, living room, dining room and kitchen, front and back yard patio with seating.
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13	Staff accompanied LPA Cloyd inside the facility during this inspection.
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16	Resident bedrooms had bed linens and closet/drawer space to accommodate each resident comfortably. There are no security bars or weapons on the premises. Resident bathrooms were checked. Toilets and water faucets worked properly, grab bars were secure, shower was free of mold/mildew, a non-skid mat was in place, and water temperature measured at 114 degrees Fahrenheit.
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Ulysses Coronel	
Regina Cloyd	

DATE: 08/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/28/2026

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 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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340
	EL SEGUNDO, CA 90245

FACILITY NAME: A CARING TOUCH BOARD AND CARE II

FACILITY NUMBER: 198320082

VISIT DATE: 08/28/2026

NARRATIVE	
1	Common areas were clean and clear of hazards. Doorways were free of obstructions. LPA toured the kitchen area and observed a two-day supply of perishable and a seven-day supply of non-perishable food. Knives were kept in a locked kitchen drawer. First aid kit was available. Two fire extinguishers, last serviced in July 2026, were observed in the hallway and kitchen. A fire drill was conducted on 07/23/26. Five staff records were reviewed; five out of five staff records had the required criminal record clearances or criminal record exemptions. Five resident records were reviewed. Two residents' medication were reviewed. An exit interview was conducted, technical assistance provided, and a copy of this report was discussed and left with House Manager Paige Esquivel.
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NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel	
NAME OF LICENSING PROGRAM ANALYST: Regina Cloyd	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/28/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/28/2026