

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320086
Report Date: 09/09/2026
Date Signed: 09/09/2026 12:46:02 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: GOLDEN TIARA VILLA		FACILITY NUMBER:	198320086
ADMINISTRATOR/CADUNGOG, TIARA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(310) 408-6228
ADDRESS:	17223 ATKINSON AVENUE	ZIP CODE:	90504
CITY:	TORRANCE	STATE: CA	DATE: 09/09/2026
CAPACITY: 6; 6	CENSUS: 5	UNANNOUNCED TIME VISIT/	INSPECTION
TYPE OF VISIT: Required - 1 Year			09:39 AM
MET WITH: Arlene Feliciano		BEGAN: TIME VISIT/	INSPECTION
			01:00 PM
COMPLETED:			
NARRATIVE			
1	On 09/09/26, at 9:30am, Licensing Program Analyst (LPA) Perry Scott conducted an unannounced		
2	annually required inspection visit to Golden Tiara Villa. LPA was met Arlene Feliciano, Administrator, and		
3	the purpose of today's visit was explained. The facility is licensed to serve six (6) non-ambulatory		
4	residents, of which 1 may be bedridden and has a hospice waiver for four (4). Currently the facility has		
5	(5) residents. The facility's annual fees were paid during the visit.		
6			
7	The facility is a single-story structure in a residential neighborhood. It consists of three (3) bedrooms,		
8	two (2) bathrooms, living room, dining room, kitchen, office, storage room, front yard, back yard with a		
9	shaded patio, and detached garage. All bedrooms have exit doors and have access to a wheelchair		
10	ramp. There were no hazards or obstructions on the exterior of the facility.		
11			
12	At 9:50am, LPA and staff toured the facility. There are no bodies of water or firearm/ammunition on the		
13	premises. All resident rooms were checked. Beds and bedding were in good condition, adequate lighting		
14	provided, and adequate storage for resident personal belongings was observed. Walls and floors were		
15	in good repair. Bed linens, comforters, and bath towels were adequately stocked at the time of visit.		
16	Bathrooms were found to be within Title 22 regulations. Toilets and water faucets worked properly. The		
17	shower was free of mold/mildew, there was adequate lighting, and sufficient toiletries that were		
18	accessible to residents. The water temperature in the bathroom measured 123.2F degrees. A		
19	comfortable temperature is maintained in the facility.		
20			
21	LPA observed the facility to be clean, sanitary, and appropriately furnished at the time of visit. Storage		
22	areas for cleaning agents, toxins, and sharps were inaccessible to residents. The kitchen was inspected		
23	and there is enough perishable and non-perishable food available for the residents.		
24			
25	Report Continued On LIC809-C		

Janae Hammond
Perry Scott

DATE: 09/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/09/2026

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	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: GOLDEN TIARA VILLA **FACILITY NUMBER:** 198320086
VISIT DATE: 09/09/2026

NARRATIVE	
1	All food items were stored properly. The water temperature measured 144.3F degrees. Medications
2	were centrally stored and properly locked, first aid kit was checked and fully stocked with manual. The
3	fire extinguishers were new and charged with current receipts. The smoke/ carbon monoxide detectors
4	were operable. The last fire/emergency drill was conducted on 06/06/2026. The facility's administrator's
5	certificate (7005359740) was valid from 04/04/2026 through 04/03/2028. The facility's liability insurance
6	was valid from 12/29/2025 through 12/29/2026.
7	
8	LPA conducted a review of (5) resident records, (3) staff records and reviewed the facility disaster plan.
9	LPA observed that residents had the following documents in their file: Appraisal/Needs And Service
10	Plan, Admission Agreement, Physician Report, Identification And Emergency Information, Personal
11	Rights, and Consent Forms. Staff records were complete with required documents and training. The
12	facility disaster plan was current and in compliance with Title 22 at the time of visit. LPA reviewed (4)
13	resident medication administration records, and medication, and did not observe any discrepancies at
14	the time of visit.
15	
16	LPA advised the facility to continuously monitor the Centers for Disease Control (CDC) website and
17	Community Care Licensing (www.cdss.ca.gov) for Provider Informational Notices (PIN) and for any
18	updates relating to COVID-19 guidance and other related issues. The inspection tool was not
19	available on the inspection; LPA used a manual RCFE paper inspection tool. Technical
20	difficulties in FAS.
21	
22	DEFICIENCIES:
23	
24	LPA identified the following deficiencies during inspection visit:
25	
26	• Water temperature measured 123.2f degrees in the bathroom and 144.3f degrees in the kitchen.
27	(Hot water temperature controls shall be maintained to automatically regulate the temperature of hot
28	water used by residents to attain a temperature of not less than 105F degrees and not more than 120F
29	degrees). Citation cleared on inspection visit.
30	
31	According to the California Code of Regulations (Title 22, Division 6, Chapter 8), the following
32	deficiencies has been observed and citation issued (ref. LIC 9099-D) for 87303(e)(2) Maintenance
	and Operation.
	An exit interview was held, appeal rights were given, and a copy of this Facility Evaluation Report was
	provided to Arlene Feliciano, Administrator.

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond	
NAME OF LICENSING PROGRAM ANALYST: Perry Scott	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/09/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/09/2026

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: GOLDEN TIARA VILLA **FACILITY NUMBER:** 198320086
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 09/09/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/09/2026 Section Cited CCR 87303(e)(2)	1 87303(e)(2) Maintenance and 2 Operation (e) Water supplies and 3 plumbing fixtures shall be maintained 4 as follows: (2) Faucets used for 5 personal care such as shaving and 6 grooming shall deliver hot water. Hot 7 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-degrees F and not more than 120-degrees F. This requirement is not met as evidenced by:	1 Licensee will adhere to Title 22 Reg 2 87303(e)(2) at all times. Licensee will 3 ensure that water supply remain in 4 compliance with hot water temperature 5 of not less than 105 degrees F and not 6 more than 120 degree F. Licensee 7 agreed to immediately adjust the hot water temperature to ensure it remains within Title 22 regulations. Citation cleared on visit. LPA retested the temperature and it was within Title 22 regulations.
	8 Based on observation, the licensee did 9 not comply with the section cited above, 10 LPA tested the water temperature in the 11 bathroom, and it measured 123.2 and 12 the kitchen measured 144.3degrees F, 13 which poses a potential health, and 14 safety risk to persons in care.	

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	Janae Hammond
MANAGER:	
NAME OF LICENSING PROGRAM	Perry Scott
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 09/09/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 09/09/2026

