

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320101
Report Date: 04/09/2026
Date Signed: 04/13/2026 09:45:06 AM

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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:	WOODBURY GUEST HOME	FACILITY NUMBER:	198320101
ADMINISTRATOR/LASERNA, BENITO JR		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	1586 WOODBURY DRIVE	TELEPHONE:	(310) 533-1131
CITY:	HARBOR CITY	STATE: CA	ZIP CODE: 90710
CAPACITY: 6		CENSUS: 0	DATE: 04/09/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	07:56 AM
		BEGAN:	
MET WITH:	ADMINISTRATOR JEHN DEMA FELIX	TIME VISIT/ INSPECTION	11:00 AM
		COMPLETED:	

NARRATIVE	
1	<p>On 04/09/2026 at 08:00 AM, Licensing Program Analyst (LPA) Jose Calderon conducted an unannounced annual inspection visit at the Woodbury Guest Home facility. LPA Calderon was allowed entry into the facility by Administrator Jehn Demafelix. Facility is to operate a Residential Care Facility for 6 Elderly residents 60 years or older. Currently, there are Zero (0) residents residing in the facility. The facility has a hospice waiver for 3 residents.</p> <p>LPA Calderon explained to Administrator Demafelix the purpose of the one-year Annual Inspection visit, and escorted LPA Calderon on a tour of the entire inside and outside facility grounds. LPA Calderon inspected the inside facility and outside grounds. The facilities' last fire drill was conducted on 10/04/2025. The one-story residential home consists of six (6) client bedrooms, three (3) client bathrooms, living room, dining room, kitchen, staff room, office area, washer and dryer/ storage area, backyard with table and chairs. No weapons are stored on the premises. Kitchen was inspected and observed to be clean and operational. Pending two-day supply perishable and seven-day supply of non-perishable foods in the facility. Emergency Water Storage is kitchen area.</p>
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NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel
NAME OF LICENSING PROGRAM ANALYST: Jose Calderon

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/09/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: WOODBURY GUEST HOME	FACILITY NUMBER: 198320101
	VISIT DATE: 04/09/2026

NARRATIVE	
1	LPA Calderon observed that all facility rooms are clean and in good repair. A comfortable temperature
2	was observed, and the facility has central air and heating. LPA Calderon observed the following during
3	inspection of client's rooms: mattresses are in good condition, adequate lighting present, plenty of
4	dresser/closet space is present, and all bed linens present. All bedrooms contain furniture, lighting
5	fixtures and personal storage space as required, all beds have the required amount of linen and
6	mattress covers, LPA Calderon observed fully stocked closet with bedding, towels, and toiletries
7	supplies. Bathroom fixtures are clean, in good repair, and working properly and contain the required
8	nonskid mats and grab bars. LPA Calderon observed bathrooms were found to be within Title 22
9	regulation. Bathroom #1 hot water temperature properly measured at 105 degrees Fahrenheit, bathroom
10	#2 hot water temperature properly measured at 104 degrees Fahrenheit, and bathroom #3 hot water
11	temperature properly measured at 105 degrees Fahrenheit. Kitchen hot water temperature is properly
12	measured at 108 degrees Fahrenheit. Facility (9) Carbon Monoxide and (9) Smoke Detectors hard wired
13	operated and connected were tested and are working properly. The facility two (2) Fire Extinguishers
14	were checked and found to be fully charged and accessible. All exit doors in the facility have alarm
15	systems. The facility has a working landline telephone. All toxins and knives are locked/secured and
16	inaccessible to clients. Medications are pending clients and will be stored and in a locked storage
17	cabinet. Facility 2 first aid kit is fully stocked with manuals checked and in order. Outside grounds were
18	toured and there is no water feature observed. All Exits/ Walkways around the home were free of debris
19	and hazards. Outside patio accessible to clients. LPA Calderon noted the Administrator Jehn Demafelix
20	Certification 7021644740 expiration date of 01/29/2028 was valid at time of inspection. The facility does
21	not handle clients' money/cash resources, and no surety bond is needed. Commercial General Liability
22	Policy #01004091390 policy period from 11/01/2025 to 11/01/2026 underwritten by Kinsale Insurance
23	Company, coverage 1,000,000/3,000,000 is valid at time of inspection. All the required documents are
24	posted in the facility in a clearly visible area.
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26	According to the California Code of Regulations (Title 22, Division 6, Chapter 8), LPA Calderon did
27	observe deficiencies therefore citations were issued at this time. Annual Licensing Fee is CURRENT. An
28	exit interview was conducted, and a copy of the Facility Evaluation Report was provided to Administrator
29	Jehn Demafelix.
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NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel	
NAME OF LICENSING PROGRAM ANALYST: Jose Calderon	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/09/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/09/2026