

Department of

**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 198320127

**Report Date:** 03/17/2026

**Date Signed:** 03/17/2026 02:35:06 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	CALLIGRAPHY WESTWOOD VILLAGE	FACILITY NUMBER:	198320127
ADMINISTRATOR/DIRECTOR:	STEPHANIE KOFFMAN	FACILITY TYPE:	740
ADDRESS:	947 TIVERTON AVENUE	TELEPHONE:	(310) 208-4590
CITY:	LOS ANGELES	STATE:	CA
CAPACITY:	237	ZIP CODE:	90024
TYPE OF VISIT:	Required - 1 Year	CENSUS:	170
		DATE:	03/17/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	08:30 AM
MET WITH:	Jose Vazquez/Director of Facility Operations.	TIME VISIT/INSPECTION COMPLETED:	02:34 PM

**NARRATIVE**

1 On 3/17/2026, Licensing Program Analyst (LPA) Alfonso Iniguez conducted an  
2 unannounced annual required visit using the CARE Inspection Tool. LPA met with  
3 Jose Vazquez/Director of Facility Operations. LPA explained the purpose of today's  
4 visit. The facility is licensed to serve (237) elderly adults ages 60 and above, of  
5 which (237) can be non-ambulatory and (25) bedridden on the 3<sup>rd</sup> floor. Approved for  
6 delayed egress. The facility has an approved hospice waiver for (25). Currently the  
7 facility has (136) residents.  
8  
9

10 The facility features approximately (188) living units and around (225) bathrooms,  
11 spread across (14) stories with underground parking. The building is beige and  
12 predominantly made of glass. On the first floor, there is a full catering kitchen, a  
13 dining area, a lobby, conference room space, restrooms, a reception area, and (3)  
14 elevators. Additionally, a sitting area with an enclosed fireplace and a large outdoor  
15 patio with a fireplace and seating are also available. The 2nd floor includes a salon,  
16 a fitness center, storage space, and administrative office space. The 3rd floor is  
17 dedicated to residential accommodations for individuals requiring memory care  
18 support, with 18 apartments, a dining space that includes a patio, and some office  
19 space. Floors 4th to 7th are designated for assisted living residences, while floors  
20 eight to fourteen house units for independent living.  
21  
22  
23

**The evaluation Report continues on the next page, LIC 809-C, providing further details of the inspection findings.**

**NAME OF LICENSING PROGRAM MANAGER:** Eva M Alvarez

**NAME OF PROGRAM ANALYST:** Alfonso Iniguez

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/17/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/17/2026

**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

**Page: 1 of 4**

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

**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  <b>FACILITY EVALUATION REPORT (Cont)</b>	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:** CALLIGRAPHY WESTWOOD VILLAGE

**FACILITY NUMBER:** 198320127

**VISIT DATE:** 03/17/2026

NARRATIVE	
1	LPA Iniguez and the maintenance director toured the physical plant. There were no
2	bodies of water or obstructions on the premises. LPA inspected residents bedrooms
3	and bathrooms. The beds and bedding supplies were in good condition, adequate
4	lighting was provided, and storage for the residents' personal belongings was
5	observed. The bathrooms were found to be within Title 22 regulations and were
6	operational. Smoke and carbon monoxide detectors were in operable condition. The
7	water temperature ranged from 113.5°F to 115.2°F, and the room temperature
8	ranged from 76°F to 78°F.
9	
10	
11	
12	During the visit, LPA Iniguez observed that the facility was clean, sanitary, and
13	appropriately furnished. Storage areas for personal hygiene were in place. Cleaning
14	supplies, toxins, and sharp objects were stored in a way that made them
15	inaccessible to residents in care. The kitchen was inspected, and there were
16	sufficient perishable and non-perishable food available, which was adequately
17	maintained. All fire extinguishers were charged and operable. The last Fire/Disaster
18	Drills were conducted on 3/3/26.
19	
20	
21	A review of (5) residents' service files and (5) staff personnel files was conducted.
22	LPA reviewed (5) Medication Administration Records (MARs) and found no
23	discrepancies.
24	
25	
26	LPA observed the facility's infection control practices. All mandated inspection
27	control posters were displayed throughout the facility. <b>A copy of liability insurance</b>
28	<b>was emailed to LPA. Facility Annual Fess current.</b>
29	
30	
31	<b>Deficiencies cited under California Code of Regulations, Title 22, Division 6,</b>
32	<b>Chapter 8. See D page for details. <u>Civil Penalty Assessed.</u></b>
	<b>Note: *Citations not cleared by the due date will be a \$100 fine assessed for each citation until it is cleared. Civil penalties will continue to accrue until Proof of Corrections (POC) is cleared. *</b>
	<b>An exit interview was conducted, and a copy of the Facility Evaluation Report was provided to Jose Vazquez/Director of Facility Operations.</b>

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Eva M Alvarez <b>NAME OF LICENSING PROGRAM ANALYST:</b> Alfonso Iniguez <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 03/17/2026
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

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Created By: Alfonso Iniguez On 03/17/2026 at 02:07 PM  
 Link to Parent Document Below:

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
<b>FACILITY EVALUATION REPORT (Cont)</b>	

FACILITY NAME: CALLIGRAPHY WESTWOOD VILLAGE

FACILITY NUMBER: 198320127

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/17/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87355(e)(3)	
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**Criminal Record Clearance**

(e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility: (3) Request a transfer of a criminal record clearance as specified in Section 87355(c) or


This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above in not having (4) facility staff associated on Guardian before the day of annual inspection which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	<b>POC Due Date:</b> 03/18/2026
	<b>Plan of Correction</b>
1	Licensee will adhere to Title 22 at all times. As part of plan plan of correction, the facility will associate the employees that were not associated before the annual evaluation and send proof of correction to LPA Iniguez before POC due date.
2	
3	
4	

		Section Cited			
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	<b>Deficient Practice Statement</b>
1	
2	
3	
4	
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
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:	Eva M Alvarez
NAME OF LICENSING PROGRAM ANALYST:	Alfonso Iniguez
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/17/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/17/2026