

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320230
Report Date: 03/10/2026
Date Signed: 04/30/2026 09:02:23 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, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754	
FACILITY EVALUATION REPORT			
FACILITY NAME: ACTIVE BOARD + CARE, LLC		FACILITY NUMBER:	198320230
ADMINISTRATOR/MICHELSON, CANDICE		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	3412 W. 187TH PL	TELEPHONE:	(310) 999-1937
CITY:	TORRANCE	STATE: CA	ZIP CODE: 90504
CAPACITY: 6		CENSUS: 3	DATE: 03/10/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/	INSPECTION 09:23 AM
		BEGAN:	
MET WITH:	Onelia Sanchez	TIME VISIT/	
		INSPECTION	12:30 PM
		COMPLETED:	

NARRATIVE	
1	On 03/10/2026, Licensing Program Analyst (LPA), Wendy Gibbs, conducted an unannounced Annual
2	Visit to the facility listed above. LPA met with Caregiver, Onelia Sanchez, and the purpose of today's visit
3	was explained. We were later joined by Licensee/Administrator, Candice Michelson. LPA was granted
4	entry into the facility.
5	The facility is licensed to serve six (6) non-ambulatory residents aged 60 and over, one (1) of which may
6	be bedridden, and with an approved Hospice Waiver for one (1).
7	Physical Plant The facility is a single-story structure in a residential neighborhood. The facility consists
8	of three (3) bedrooms, two (2) bathrooms, living room, dining room, kitchen, staff room, office area,
9	detached garage, and an outside shaded patio with table and chairs. LPA inspected inside and outside
10	the facility. LPA observed the front and back yard maintained and in good repair. LPA observed all
11	walkways around the outside of the facility are clean, clear, and free of debris, hazards, and
12	obstructions. LPA did not observe any bodies of water on the premises.
13	Bedrooms LPA inspected all residents' bedrooms and observed them clean and in good repair. All
14	rooms have the required furniture including a bed, dresser, nightstand with lamp, chair, and ample
15	storage space for residents' personal belongings. LPA observed the resident beds have the required
16	linens including a mattress cover, fitted sheets, blanket, comforter and pillows. LPA observed an ample
17	supply of linens in a cabinet in the hallway. All bedrooms were observed with ample lighting.
18	Bathrooms LPA inspected all bathrooms. Bathrooms were found to be within Title 22 regulation and
19	were observed to be clean and operational. All bathrooms have nonskid mats, secured safety handrails,
20	and a shower chair available. LPA observed an ample supply of towels and hygiene products available
21	for residents. The water temperature measured 109.3-degrees and 111.8-degrees Fahrenheit. LPA
22	observed an ample supply of incontinent care supplies stored in resident rooms and an additional supply
23	stored in the garage.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez
NAME OF LICENSING PROGRAM ANALYST: Wendy Gibbs

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/10/2026

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: ACTIVE BOARD + CARE, LLC FACILITY NUMBER: 198320230
VISIT DATE: 03/10/2026

NARRATIVE	
1	Kitchen During the facility inspection, LPA observed the kitchen clean and sanitary. LPA observed all
2	appliance working properly. LPA observed an ample supply of cookware, dishware, and cutlery. LPA
3	observed a 3-day supply of perishable foods and a 7-day supply of nonperishable foods properly stored,
4	labeled and dated. LPA observed all knives, sharps, and cleaning supplies secured in a locked cabinet
5	in the kitchen and are inaccessible to residents. The water temperature measured 108.7-degrees
6	Fahrenheit. Common Areas During the time of visit, LPA observed the facility was appropriately
7	furnished. LPA observed, in the living room two recliners and a couch available for resident use.
8	Additionally, LPA observed an activity table available for residents' use. In the dining room, LPA
9	observed a large table with chairs to accommodate residents. LPA observed an ample supply of games,
10	activities, crafts, puzzles, and reading material. All common areas, walkways and hallways in the facility
11	were observed with ample lighting. The facility was maintained at a comfortable temperature.
12	File Review LPA reviewed the files for three (3) residents and observed they have the required
13	documents. LPA reviewed the files for the administrator and three (3) staff. LPA observed the files have
14	the required documents, clearance, and certification. LPA observed the administrator's Administrator
15	Certificate, number 7017246740, is valid till 10/06/2027. LPA received and reviewed the Liability
16	insurance through Sierra Professional Insurance Service, valid till 05/07/2026. LPA observed Licensing
17	Fees are current.
18	Medications LPA observed Centrally Stored Medications secured in a locked cabinet in the dining
19	room. LPA observed medications were in their original packaging. LPA reviewed the medications for
20	three (3) residents and observed they are consistent with properly documented records.
21	Safety LPA observed multiple fully charged fire extinguishers, in the kitchen and garage, purchased in
22	2025 per receipts. The last emergency drill was conducted on 01/03/26. Smoke detectors and carbon
23	monoxide detectors are operable. The facility has a working landline telephone. LPA observed all
24	required signs and documents posted in the dining room and living room. LPA inspected the First Aid kit
25	and found it had the required items.
26	Infection Control During the visit, LPA observed the facility's infection control practices. At the entrance,
27	LPA observed a sanitizing stations that consists of a Visitor Sign In Log, masks, and hand sanitizer. LPA
28	observed required Infection Control postings throughout the facility. LPA observed a 60-day supply of
29	PPEs stored in the garage.
30	During today's visit, LPA did not observe or cite any deficiencies.
31	An exit interview was conducted with Licensee/Administrator, Candice Michelson, and a copy of this
32	report was provided.

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez	
NAME OF LICENSING PROGRAM ANALYST: Wendy Gibbs	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 03/10/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/10/2026