

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320237

Report Date: 12/03/2025

Date Signed: 12/03/2025 03:40:53 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:	ALOHA GARDENS SENIOR WELLNESS HOME	FACILITY NUMBER:	198320237
ADMINISTRATOR/DIRECTOR:	STONE, DARYLLEN	FACILITY TYPE:	740
ADDRESS:	2214 CONQUISTA AVENUE	TELEPHONE:	(562) 900-5208
CITY:	LONG BEACH	STATE:	CA
CAPACITY:	6	ZIP CODE:	90815
TYPE OF VISIT:	Required - 1 Year	CENSUS:	6
		DATE:	12/03/2025
		UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 01:34 PM
		INSPECTION	COMPLETED: 03:45 PM
MET WITH:	Anchie Reyes/Administrator		

NARRATIVE

1 On 12/3/2025, Licensing Program Analyst (LPA) Alfonso Iniguez conducted an
2 unannounced annual required visit using the CARE Inspection Tool. LPA met with
3 Anchie Reyes /Administrator. LPA explained the purpose of today's visit. The facility
4 is licensed to serve (6) elderly adults aged 60 and above, of which (2) can be non-
5 ambulatory and (1) bedridden. The facility has an approved hospice waiver for (3).
6 Currently the facility has (6) non-ambulatory residents.
7

8
9 The facility is a one-story residential home consists of (5) resident bedrooms, (2)
10 resident 1 staff office and 1 staff room, living room, kitchen, dining area and laundry
11 room and backyard with shaded area.
12

13
14 LPA Iniguez and the Administrator toured the physical plant. There were no bodies of
15 water or obstructions on the premises. LPA inspected a total of (5) bedrooms and (2)
16 bathrooms. The beds and bedding supplies were in good condition, adequate
17 lighting was provided, and storage for the residents' personal belongings was
18 observed. The bathrooms were found to be within Title 22 regulations and were
19 operational. Smoke and carbon monoxide detectors were in operable condition. The
20 water temperature ranged from 113.5°F to 115.2°F.
21

22
23 [The evaluation Report continues on the next page, LIC 809-C, providing](#)
24 [further details of the inspection findings.](#)
25

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez

NAME OF LICENSING PROGRAM ANALYST: Alfonso Iniguez

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 12/03/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 12/03/2025

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 FACILITY EVALUATION REPORT (Cont)	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: ALOHA GARDENS SENIOR WELLNESS HOME

FACILITY NUMBER: 198320237

VISIT DATE: 12/03/2025

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>During the visit, LPA Iniguez observed that the facility was clean, sanitary, and appropriately furnished. Storage areas for personal hygiene were in place. Cleaning supplies, toxins, and sharp objects were stored in a way that made them inaccessible to residents in care. The kitchen was inspected, and there was sufficient perishable and non-perishable food available, which was adequately maintained. All fire extinguishers were charged and operable. The last Fire/Disaster Drills were conducted on 8/11/25.</p> <p>A review of (4) residents' service files and (4) staff personnel files was maintained in order. LPA reviewed (4) Medication Administration Records (MARs) and found no discrepancies.</p> <p>LPA observed the facility's infection control practices. All mandated inspection control posters were displayed throughout the facility. A copy of liability insurance was emailed to LPA. Facility Annual Fess current.</p> <p>Deficiency cited under California Code of Regulations, Title 22, Division 6, Chapter 8. See details below:</p> <p>-Facility exceeded fire clearance for non-ambulatory, current clearance is (2) number of non-ambulatory at the moment are (6). Immediate Civil penalty rendered for \$500.00.</p> <p>-Facility doing construction inside.</p> <p>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. *</p> <p>An exit interview was conducted, and a copy of the Facility Evaluation Report was provided to Anchie Reyes / Administrator.</p>

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez	
NAME OF LICENSING PROGRAM ANALYST: Alfonso Iniguez	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 12/03/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 12/03/2025
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Created By: Alfonso Iniguez On 12/03/2025 at 03:17 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
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ALOHA GARDENS SENIOR WELLNESS HOME
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 198320237
VISIT DATE: 12/03/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87202(a)(1)	
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Fire Clearance

(a) All facilities shall maintain a fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal. Prior to accepting or retaining any of the following types of persons, the applicant or licensee shall notify the licensing agency and obtain an appropriate fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal: (1) Nonambulatory persons.


This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above in having six non-ambulatory residents at the moment, and fire clearance is for two non-ambulatory residents only, which poses an immediate health, safety, or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 12/04/2025	
Plan of Correction	
1	Licensee will adhere to Title 22 at all times. As plan of correction, the licensee will submit to the department the following documents by POC due date: STD 850, LIC 200 and a \$25 dollars check.
2	
3	
4	

		Section Cited			
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Deficient Practice Statement	
1	
2	
3	
4	
POC Due Date:	
Plan of Correction	
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: 12/03/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/03/2025

LIC809 (FAS) - (06/04)

Page: 4 of 5

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Created By: Alfonso Iniguez On 12/03/2025 at 03:25 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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: ALOHA GARDENS SENIOR WELLNESS HOME

FACILITY NUMBER: 198320237

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/03/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87305(a)(b)	
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87305 Alterations to Existing Building or New Facilities
 (a) Prior to construction or alterations, all facilities shall obtain a building permit.
 (b) The licensing agency may require the facility to acquire a local building inspection where the agency determines that a suspected hazard to health and safety exists.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on [(observation) (interview), the licensee did not comply with the section cited above in not consulting with the city and department regarding the alteration/construction being done at the living room which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 12/05/2025	
Plan of Correction	
1	Licensee will adhere to Title 22 at all times. As a plan of correction, the licensee will consult with the city to determine whether a permit is required for the alteration. In addition, the licensee will create a plan to ensure residents' health and safety during construction. A copy of this will be sent to LPA Iniguez via email by the POC due date.
2	
3	
4	

		Section Cited			
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Deficient Practice Statement	
1	
2	
3	
4	
POC Due Date:	
Plan of Correction	
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

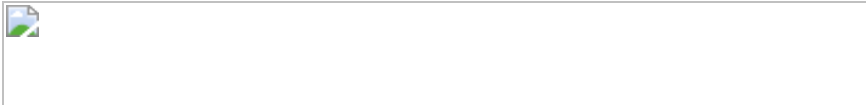
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/03/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/03/2025