

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320269
Report Date: 05/02/2026
Date Signed: 05/02/2026 11:38:16 AM

Document Has Been Signed on 05/02/2026 11:38 AM - It Cannot Be Edited

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: DIAMOND SENIOR LIVING INC.		FACILITY NUMBER:	198320269
ADMINISTRATOR/DELAROSA, RICHARD		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	2311 ROSWELL AVENUE	TELEPHONE:	(949) 490-0001
CITY:	LONG BEACH	STATE: CA	ZIP CODE: 90815
CAPACITY: 6		CENSUS: 5	DATE: 05/02/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	08:33 AM
		BEGAN:	
MET WITH:	Richard Delarosa (Adminstrator)	TIME VISIT/	
		INSPECTION	11:45 AM
		COMPLETED:	
NARRATIVE			
1	On 05/02/2026 at 8:33am, the Department conducted an unannounced required – annual inspection to		
2	the above facility. At 8:37am, the Department met with Licensee/Administrator Richard Delarosa and		
3	explained the purpose of the visit. The facility is licensed to serve a total of six (6) adults ages 55 and		
4	above, of which five (5) may be non-ambulatory and one (1) may be bedridden. A total of five (5)		
5	residents are currently residing in the facility. Of the five (5) residents: all 5 have dementia, (1) hospice		
6	resident, (0) bedridden, (0) receiving oxygen, and (0) home health.		
7			
8	The facility annual fees are paid in full as of 05/02/2026. The facility has a current administrator		
9	certificate for Richard Delarosa #7012053740 valid from 06/06/2024 - 06/05/2026. The facility has		
10	liability insurance with Primary Care Insurance, a Risk Retention Group, Inc effective 06/29/2025 with		
11	policy aggregate at \$3,000,000 & general liability at \$1,000,000.		
12			
13	The facility is a one-story home located on a residential street. The home consists of six (6) resident		
14	bedrooms, (2) full bathrooms, one (1) toilet room,receptionist area, one (1) staff bedroom, a laundry		
15	room, one (1) combined living/dining/kitchen/TV room area, and an outside patio area with shaded		
16	seating.		
17			
18	On 05/02/2026, between the hours 10:50am - 11:05am, the Department toured the resident bedrooms		
19	had the required furniture, bed linens and closet/drawer space to accommodate each resident		
20	comfortably. Resident bathrooms were checked. Toilets and water faucets worked properly, grab bars		
21	were secure, shower was free of mold/mildew and a non-skid mat was in place. The water temperature		
22	measured at 109.9°F (in bathroom #1), 119.7°F (in bathroom #2) and 119.1°F (bathroom #3). Resident		
23	bath towels, toiletries, and personal hygiene supplies were adequately stocked. Common areas were		
24	clean and clear of hazards doorways were free of obstructions.		
25			
	Report continues on LIC 809-C		

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond	
NAME OF LICENSING PROGRAM ANALYST: Zina Brown	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 05/02/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 05/02/2026

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: DIAMOND SENIOR LIVING INC. FACILITY NUMBER: 198320269
VISIT DATE: 05/02/2026

NARRATIVE	
1	Kitchen was checked and observed to be within Title 22 regulations. Perishable and non-perishable food supply was checked. All cleaning solutions, hazardous Items, and medications were securely locked and inaccessible to residents. Smoke detectors were working properly, and fire extinguisher was fully charged. Carbon monoxide detector was operational. First Aid kit was available. Outside grounds were toured and no bodies of water were observed. Walkways around the home were clear of hazards. There are no security bars or weapons on the premises. A fire extinguisher was located near the kitchen and was last serviced on 01/22/2025. The facility conducted the following drill on 02/07/2026 such fire, earthquake and lockdown . A landline telephone and video conferencing device were available for resident use at the front desk. On 05/02/2026, between the hours of 8:55am - 10:45am, the Department conducted a review of five (5) resident records, four (4) staff records, and reviewed the facility disaster plan. All resident and staff records were complete. The facility disaster plan was current and in compliance with Title 22 at the time of the visit. The Department reviewed four (4) resident Medication Administration Records and did not observe any discrepancies. An exit interview was conducted with Licensee/Administrator Richard Delarosa, and a copy of this report was provided.
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