

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320315

Report Date: 10/07/2025

Date Signed: 10/07/2025 10:21:58 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: BAY TOWERS AT BIXBY KNOLLS	FACILITY NUMBER: 198320315
ADMINISTRATOR/MCDONALD, DON	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 3747 ATLANTIC AVENUE	TELEPHONE: (562) 426-6123
CITY: LONG BEACH	STATE: CA
CAPACITY: 65	ZIP CODE: 90807
TYPE OF VISIT: Office	CENSUS: 45
	DATE: 10/07/2025
	UNANNOUNCED TIME VISIT/ INSPECTION
	BEGAN: 09:00 AM
MET WITH: Don McDonald/Administrator	TIME VISIT/ INSPECTION
	COMPLETED: 10:20 AM

NARRATIVE	
1	On October 7, 2025, at 9:00 a.m., an in-person Informal office meeting was
2	conducted. In attendance is LPM /Eva Alvarez, LPA/ Alfonso Iniguez, Don
3	McDonald/Administrator, and Robert Esquer/Maintenance Director. The purpose of
4	this meeting was to discuss the state of the facility's water heating system and Title
5	22 reporting requirements.
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8	On 9/27/25, the department conducted an Annual visit and found the facility water
9	temperatures registered at approximately 90 degree Fahrenheit on the 6th, 5th and
10	4th floor due to the circulation pumps failing to operate properly. The facility was
11	issued a citation and civil penalties for the deficiency. Administrator/ MacDonald
12	stated the problem was identified prior to the licensing visit on 9/27/25; however, it
13	was not reported to licensing as the facility focused on the repairs needed.
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16	Administrator/MacDonald stated a request for repairs was made to the corporate
17	office, after the issue was identified, and an approval was provided. On 10/3/25, the
18	repair of the circulation pumps occurred and the issue resolved. The citation issued
19	was cleared on 10/7/25 during this office meeting.
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22	During this meeting LPM/Alvarez conducted a brief overview of Title 22 reporting
23	requirements as the facility failed to report the circulation pumps not operating
24	properly. LPM/Alvarez informed the Administrator that a citation would be issued and
25	civil penalties assessed as the reporting citation is a repeat violation within the last

12 months. Administrator/ Mac Donaldson stated a plan of correction would be submitted to the department by 10/13/25. The plan will ensure that reportable issues will be reported to licensing per Tile 22 regulations.

The meeting concluded at 10:00 am. An exit interview conducted, and the report provided to Don McDonald/Administrator.

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez

NAME OF LICENSING PROGRAM ANALYST: Alfonso Iniguez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/07/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/07/2025

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.

LIC809 (FAS) - (09/23)

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Created By: Alfonso Iniguez On 10/07/2025 at 09:24 AM
Link to Parent Document Below:

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245</p>
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FACILITY NAME: BAY TOWERS AT BIXBY KNOLLS

FACILITY NUMBER: 198320315

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/07/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
<p>Type B 10/13/2025 Section Cited</p>	<p>1 87211 Reporting Requirements</p> <p>2 (a) Each licensee shall furnish to the</p> <p>3 licensing agency such reports as the</p> <p>4 Department may require, including,</p> <p>5 but not limited to, the following:</p> <p>6 (1) A written report shall be submitted</p> <p>7 to the licensing agency and to the</p> <p>person responsible for the resident</p> <p>within seven days of the occurrence</p> <p>of any of the events specified in (A)</p> <p>through (D) below. This report shall</p> <p>include the resident's name, age, sex</p> <p>and date of admission; date and</p> <p>nature of event; attending physician's</p> <p>name, findings, and treatment, if any;</p> <p>and disposition of the case.</p> <p>(D) Any incident which threatens the</p> <p>welfare, safety or health of any</p> <p>resident, such as psychological</p> <p>abuse of a resident by staff or other</p> <p>residents, or unexplained absence of</p> <p>any resident.</p> <p>This requirement was not met as</p> <p>evidence by</p>		
	<p>8 Based on interviews, the facility failed</p> <p>9 to report to the department one of</p> <p>10 two water pumps that pump the hot</p>	<p>8</p> <p>9</p> <p>10</p>	

	11	water to the building was in disrepair.	11	
	12	This poses a potential health and	12	
	13	safety risk to all residents in care.	13	
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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	Eva M Alvarez
MANAGER:	
NAME OF LICENSING PROGRAM	Alfonso Iniguez
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 10/07/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 10/07/2025