

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320353

Report Date: 02/19/2026

Date Signed: 02/19/2026 02:48:59 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:	HARVARD HOPE HOUSE	FACILITY NUMBER:	198320353
ADMINISTRATOR/COXSOM, AMBER		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(323) 812-0788
ADDRESS:	4239 S. HARVARD BLVD	ZIP CODE:	90062
CITY:	LOS ANGELES	STATE:	CA
CAPACITY:	6	CENSUS:	6
TYPE OF VISIT:	Required - 1 Year	DATE:	02/19/2026
		UNANNOUNCED TIME VISIT/INSPECTION	10:46 AM
		BEGAN:	
MET WITH:	Amber Coxom	TIME VISIT/INSPECTION	03:10 PM
		COMPLETED:	

NARRATIVE

1 On 02/19/26 Licensing Program Analyst (LPA) Elvira Gonzalez conducted an unannounced annual
2 required visit to the above facility. LPA met with Administrator, Amber Coxom and explained the purpose
3 of the visit. LPA was granted access to the facility. Facility is approved for six (6) residents of which four
4 (4) may be non-ambulatory and two (2) may be bedridden. Facility has an approved hospice waiver for
5 six (6) hospice residents. Currently there are six (6) residents in the facility.
6
7 The facility is a single-story home located in a residential neighborhood. The facility consists of four (4)
8 bedrooms, two (2) bathrooms, kitchen, laundry area, living room, dining room, and an office/check in
9 area. In the back yard there is a seating area with tables, chairs, and an umbrella for shade. There is
10 also an additional building on the property with its own address and is not part of the facility.
11
12 LPA and Amber Coxsom, Director toured the inside and outside grounds of the facility. Resident
13 bedrooms had the required furniture, bed linens and closet/drawer space to accommodate each resident
14 comfortably. Resident bathrooms were checked. Toilets and water faucets worked properly, grab bars
15 were secure, shower was free of mold/mildew and a non-skid mat was in place. The water temperature
16 measured between 105.0 F and 120.0 F in both bathrooms. Resident bath towels, toiletries and
17 personal hygiene supplies were adequately stocked. Common areas were clean and clear of hazards;
18 doorways were free of obstructions. A comfortable temperature was maintained in the facility.
19
20 The kitchen was inspected and observed to be within Title 22 regulations. Sufficient perishable and non-
21 perishable food supply was maintained adequately. All sharps, toxins, cleaning solutions, hazardous
22 items, and medications were securely locked and inaccessible to residents.
23
24 Continued on LIC809-C
25

NAME OF LICENSING PROGRAM MANAGER: Stephanie Cifuentes

NAME OF LICENSING PROGRAM ANALYST: Elvira Gonzalez

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 02/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/19/2026

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.

<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 EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245</p>
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FACILITY NAME: HARVARD HOPE HOUSE

FACILITY NUMBER: 198320353

VISIT DATE: 02/19/2026

NARRATIVE	
<p>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>	<p>A review of Medication Administration Records was maintained in order and accurate. The facility has a landline telephone on-site in working condition. Medications were centrally stored and properly locked. Smoke detectors and carbon monoxide detectors were operational and working properly. LPA observed two (2) fully charged fire extinguishers. LPA observed a stocked First Aid kit along with manual locked and inaccessible to residents. Outside grounds were toured and no bodies of water were observed. Walkways around the home were clear of hazards.</p> <p>During the visit, LPA observed the facility's infection control practices. LPA observed screening protocols for visitors, staff, and residents. There are sanitizing stations in common areas and restrooms. LPA observed the facility has a 30-day supply of Personal Protective Equipment (PPE). All mandated inspection control posters were posted. The facility has an approved CCLD Mitigation Plan.</p> <p>During this inspection LPA did not observe any deficiencies, therefore no citations were issued at this time.</p> <p>An exit interview was conducted, and a copy of the report was provided.</p>

NAME OF LICENSING PROGRAM MANAGER: Stephanie Cifuentes	
NAME OF LICENSING PROGRAM ANALYST: Elvira Gonzalez	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/19/2026

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	DATE: 02/19/2026