

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## ***FACILITY EVALUATION REPORT***

**Facility Number:** 198320354  
**Report Date:** 08/08/2025  
**Date Signed:** 08/08/2025 02:12:13 PM

**Document Has Been Signed on 08/08/2025 02:12 PM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
<b>FACILITY EVALUATION REPORT</b>		COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754	
FACILITY NAME: LADERA SUNRISE		FACILITY NUMBER:	198320354
ADMINISTRATOR/MOORE, TRACY DIRECTOR:		FACILITY TYPE:	740
ADDRESS: 5551 S CORNING AVE	STATE: CA	TELEPHONE:	(310) 733-9604
CITY: LOS ANGELES	CENSUS: 0	ZIP CODE:	90056
CAPACITY: 6	DATE:	08/08/2025	
TYPE OF VISIT: Case Management - Deficiencies	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN:	09:30 AM
MET WITH: Administrator - Kelechi Eronobi	TIME VISIT/INSPECTION	COMPLETED:	02:20 PM

NARRATIVE	
1	On 08/08/2025, Licensing Program Analyst (LPA), Socorro Leandoro
2	conducted a case management visit and met with Property Owners, Susan
3	Atkinson and Kevin Atkinsons. LPA explained the purpose of the visit and
4	was allowed entry to the facility.
5	
6	
7	
8	The facility is vacant and currently going through construction. There are
9	no staff, residents nor furniture in the facility.
10	
11	
12	Interviews conducted with Property Owners, Susan Atkinson and Kevin
13	Atkinsons and Construction Lead, Joseph Elkriaf indicated the following:
14	the facility got fumigated via tenting on 07/30/2025; after that and currently
15	the facility is going through extensive re-modeling due to the severe water,
16	termite, and mold damage; as of right now there is no firm date of when the
17	residents will be able to move back into the facility.
18	
19	
20	
21	
22	
23	
24	
25	

**NAME OF LICENSING PROGRAM MANAGER:** Ulysses Coronel

**NAME OF LICENSING PROGRAM ANALYST:** Socorro Leandro

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/08/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/08/2025

**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)

Page: 2 of 4

<b>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</b>	<b>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b> <b>COMMUNITY CARE LICENSING DIVISION</b> <b>EL SEGUNDO ASC, 1000 CORPORATE DR #100</b> <b>MONTEREY PARK, CA 91754</b>
<b>FACILITY EVALUATION REPORT (Cont)</b>	

**FACILITY NAME:** LADERA SUNRISE

**FACILITY NUMBER:** 198320354

**VISIT DATE:** 08/08/2025

<b>NARRATIVE</b>	
1	Interviews conducted with Property Owners, Susan Atkinson and Kevin
2	
3	
4	
5	
6	
7	
8	
9	3 residents were observed residing at 6017 S., Croft Ave Los Angeles, CA, 90056.
10	
11	
12	Records Reviewed revealed the following: the Licensee did not submit Unusual Incident Reports (UIRs) indicating that the facility got fumigated, is currently going through construction and residents were relocated to 6017 S., Croft Ave Los Angeles, CA, 90056.
13	
14	
15	
16	
17	
18	
19	Based on observations, interviews, and record review in accordance with the California Code of Regulations, Title 22, Division (6) and Chapter (8) a violation regarding Reporting Requirements is being cited. See LIC809-D.
20	
21	
22	
23	
24	An exit interview was conducted, Plans of Corrections were reviewed and developed. A copy of this report and appeal rights were discussed and left with the Administrator, Kelechi Eronobi at 6017 S., Croft Ave Los Angeles, CA, 90056.
25	
26	
27	
28	
29	
30	
31	
32	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Ulysses Coronel	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Socorro Leandro	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 08/08/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 08/08/2025
---	-------------------------

LIC809 (FAS) - (06/04)

Page: 3 of 4

**Document Has Been Signed on 08/08/2025 02:12 PM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754
--	--

**FACILITY NAME:** LADERA SUNRISE **FACILITY NUMBER:** 198320354

**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 08/08/2025

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 08/26/2025 Section Cited	1 2 3 4 5 6 7	Reporting Requirement (a)Each licensee shall furnish to the licensing agency such reports as the Department may require, including, but not limited to, the following: (1) A written report shall be submitted to the licensing agency and to the person responsible for the resident within seven days of the occurrence of any of the events specified in (A) through (D) below. This report shall include the resident's name, age, sex and date of admission; date and nature of event; attending physician's name, findings, and treatment, if any; and disposition of the case. (D) Any incident which threatens the welfare, safety or health of any resident, such as psychological abuse of a resident by staff or other residents, or unexplained absence of any resident. This requirement is not met as evidenced by:		
	8 9 10 11 12 13 14	Based on observations, interviews, and record review, the licensee did not comply by not submitting unusual incident reports indicating that the facility got fumigated, is under construction, and residents were relocated to 6017 S., Croft Ave Los Angeles, CA, 90056.	8 9 10 11 12 13 14	The staff will create a plan to ensure that residents are placed in a stable and safe environment.  Email proof of correction to Socorro.Leandro@dss.ca.gov
	1 2 3 4 5 6 7			
	1 2 3 4 5 6 7			

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Ulysses Coronel  Socorro Leandro
---	--

**NAME OF LICENSING PROGRAM**

**ANALYST:**

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/08/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/08/2025