

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320443
Report Date: 02/05/2026
Date Signed: 02/05/2026 02:25:59 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:	AMALFI LIVING, INC.	FACILITY NUMBER:	198320443
ADMINISTRATOR/LAYUG, TINY		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	23518 EVALYN AVE	TELEPHONE:	(310) 525-8552
CITY:	TORRANCE	STATE: CA	ZIP CODE: 90505
CAPACITY: 6		CENSUS: 6	DATE: 02/05/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	12:30 PM
		BEGAN:	
MET WITH:	Joanalyn Temporaza/House Manager.	TIME VISIT/	
		INSPECTION	02:30 PM
		COMPLETED:	

NARRATIVE	
1	On 2/5/2026, Licensing Program Analysts (LPA) Alfonso Iniguez conducted an unannounced annual required visit using the CARE Inspection Tool. LPA met with Joanalyn Temporaza/House Manager. LPA explained the purpose of today's visit. Facility is licensed for (6) ambulatory only residents ages 60 and above of which one (1) may be bedridden in room #4. Approved hospice waive for (6) residents.
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8	The home is a single-story home consisting of: (4) resident bedrooms, (2) full bathroom, a living room, kitchen with dining area, a garage (attached with a laundry area, an additional refrigerator and pantry items), a backyard with a shed, an outdoor shaded patio area and additional sitting area outside.
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15	LPA Iniguez toured the physical plant with an administrator. There were no bodies of water or obstructions on the premises. A total of (4) rooms were inspected. Beds and bedding supplies were in good condition, adequate lighting was provided, and storage for the resident's personal belongings was observed. Bathrooms were found to be within Title 22 regulations and were operational. LPA inspected the carbon monoxide detectors combo were in operable condition.
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21	
22	Evaluation Report Continues LIC 809-C
23	
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25	

NAME OF LICENSING PROGRAM MANAGER:	Eva M Alvarez
NAME OF LICENSING PROGRAM ANALYST:	Alfonso Iniguez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/05/2026

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: AMALFI LIVING, INC. **FACILITY NUMBER:** 198320443
VISIT DATE: 02/05/2026

NARRATIVE	
1	LPA Iniguez observed the facility to be clean, sanitary, and appropriately furnished at
2	the time of the visit. Storage areas for personal hygiene were observed. Sharps
3	objects and cleaning agents were locked and not accessible to residents. The
4	kitchen was inspected and there is sufficient perishable and non-perishable food
5	available at the property. All fire extinguishers were charged and were operable.
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8	A review of (3) resident records and (3) staff records were conducted. LPA Cross
9	and Iniguez checked (3) Medication Administration Records (MAR) and no
10	discrepancies were found. The first AID kit was checked. The last facility disaster drill
11	was: 2/1/2026.
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14	LPA observed the facility's infection control practices. A copy of the liability
15	insurance was given to LPA during this visit. Facility annual fees are current.
16	
17	Deficiency cited under California Code of Regulations, Title 22, Division 6,
18	Chapter 8. See details below:
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20	
21	-House garage has been used as living quarters. Immediate civil penalty of
22	\$500.00 rendered. Type A citation.
23	
24	-Water temperature measured 132F. Type A citation.
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27	Note: *Citations not cleared by the due date will be a \$100 fine assessed for
28	each citation until it is cleared. Civil penalties will continue to accrue until
29	Proof of Corrections (POC) is cleared. *
30	
31	An exit interview was conducted, and a copy of the Facility Evaluation Report
32	was provided to Joanalyn Temporaza/House Manager.

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez	
NAME OF LICENSING PROGRAM ANALYST: Alfonso Iniguez	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 02/05/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/05/2026

FACILITY EVALUATION REPORT (Cont)CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 400 CONTINENTAL BLVD, STE 340
EL SEGUNDO, CA 90245**FACILITY NAME:** AMALFI LIVING, INC.**FACILITY NUMBER:** 198320443**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 02/05/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87202(a)	
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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:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on [(observation), the licensee did not comply with the section cited above in using the house garage as sleeping quarters for the facility staff which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 02/06/2026
	Plan of Correction
1 2 3 4	Licensee wLicensee ill adhere to Title 22 at all times. As plan of correction, the licensee will removed the beds from the garage. A proof of this will be sent to LPA Iniguez via email by POC due date.

	Type A	Section Cited	CCR	87303(e)(2)	
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Maintenance and Operation

(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on [(observation) , the licensee did not comply with the section cited above in having the water temperature measured at 132F. which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 02/06/2026
	Plan of Correction
1 2 3 4	Licensee wLicensee ill adhere to Title 22 at all times. As plan of correction, the licensee will fix the water temperature according to the regulations and keep a log of water temperaure for 24 hours every 3 hours. Proof of correction will be sent to LPA Iniguez via email before POC due date.

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:** 02/05/2026**I acknowledge receipt of this form and understand my appeal rights as explained and received.**

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/05/2026