

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 198320454

Report Date: 03/12/2026

Date Signed: 03/12/2026 04:50:14 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	COGIR OF SOUTH BAY	FACILITY NUMBER:	198320454
ADMINISTRATOR/HILES, LINDA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(213) 808-4531
ADDRESS:	21507 HAWTHORNE BLVD	ZIP CODE:	90503
CITY:	TORRANCE	STATE:	CA
CAPACITY:	34	CENSUS:	18
TYPE OF VISIT:	Case Management - Deficiencies	DATE:	03/12/2026
	UNANNOUNCED	TIME VISIT/INSPECTION	01:30 PM
MET WITH:	Casey Ferreras/Medtech	BEGAN:	
		TIME VISIT/INSPECTION	02:30 PM
		COMPLETED:	

### NARRATIVE

1 On 3/12/26, Licensing Program Analyst (LPA) Alfonso Iniguez conducted a Case  
2 Management Deficiencies visit at the facility. The LPA met with Casey Ferreras,  
3 Medtech, and the purpose of the visit was explained.  
4

5  
6 On 11/26/25, during an annual inspection, LPA Iniguez cited the facility since (5)  
7 employee records were not available to review by LPA Iniguez during the visit. LPA  
8 Iniguez informed facility administrator Oliver Joshua that the plan of correction will  
9 consist of bringing the five employee records to the regional office by 12/1/2025. The  
10 facility administrator did not attend the plan-for-correction meeting. Therefore, on  
11 3/12/2026, LPA Iniguez will re-cite the same citations that were given on 11/26/25.  
12

13  
14 **Deficiency cited under California Code of Regulations, Title 22, Division 6,**  
15 **Chapter 8. See page D for details.**  
16

17 **Note: \*Citations not cleared by the due date will be a \$100 fine assessed for**  
18 **each citation until it is cleared. Civil penalties will continue to accrue until**  
19 **Proof of Corrections (POC) is cleared. \***  
20

21  
22 **An exit interview was conducted, and a copy of the Facility Evaluation Report**  
23 **was provided to Casey Ferreras/Medtech.**  
24  
25

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez

NAME OF LICENSING PROGRAM ANALYST: Alfonso Iniguez

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 03/12/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 03/12/2026

**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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**Created By: Alfonso Iniguez On 03/12/2026 at 01:05 PM**  
**Link to Parent Document Below:**

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></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:** COGIR OF SOUTH BAY

**FACILITY NUMBER:** 198320454

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 03/12/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Type B 03/16/2026 Section Cited CCR 87412(f)</p>	<p>1 (f) All personnel records shall be 2 available to the licensing agency to 3 inspect, audit, and copy upon demand 4 during normal business hours. Records 5 may be removed if necessary for 6 copying. Removal of records shall be 7 subject to the following requirements: This requirement is not met as evidenced by:</p>	<p>1 Licensee will adhere to Title 22 at all 2 times. As plan of correction, the 3 licensee will go to the Regional office 4 by due date and show all (5) staff 5 records that were not available for 6 review during the annual evaluation. 7 Citations will be cleared the day of the POC meeting.</p>
	<p>8 Based on [(observation) (interview) 9 (record review)], the licensee did not 10 comply with the section cited above in 11 not having (5) facility staff records 12 available and complete during the 13 annual evaluation which poses/posed a 14 potential health, safety or personal rights risk to persons in care.</p>	
<p>Type B 03/16/2026 Section Cited CCR87412(g)</p>	<p>1 (g) All personnel records shall be 2 maintained at the facility. 3 This requirement is not met as 4 evidenced by: 5 6 7</p>	<p>1 Licensee will adhere to Title 22 at all 2 times. As a plan of correction, the 3 licensee will visit the Regional office by 4 the due date and present all 5 five staff 5 records that were not available for 6 review during the annual evaluation. 7 Citations will be cleared during the POC meeting.</p>
	<p>8 Based on [(observation) (interview) 9 (record review)], the licensee did not 10 comply with the section cited above in 11 not having the employe records 12 availble during annual inspection which 13 poses a potential health, safety or 14 personal rights risk to persons in care.</p>	

**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</b>	Eva M Alvarez
<b>MANAGER:</b>	
<b>NAME OF LICENSING PROGRAM</b>	Alfonso Iniguez
<b>ANALYST:</b>	

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/12/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/12/2026