

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320572
Report Date: 08/27/2025
Date Signed: 08/27/2025 11:10:37 AM

Document Has Been Signed on 08/27/2025 11:10 AM - It Cannot Be Edited

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: AYRES RESIDENTIAL CARE HOMES CHEVIOT HILLS		FACILITY NUMBER:	198320572
ADMINISTRATOR/GABAI, ARIELLE		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	2809 DUNLEER PLACE	TELEPHONE:	(310) 475-6484
CITY:	LOS ANGELES	STATE: CA	ZIP CODE: 90064
CAPACITY: 6		CENSUS: 0	DATE: 08/27/2025
TYPE OF VISIT: Prelicensing		UNANNOUNCED TIME VISIT/ INSPECTION	09:49 AM
		BEGAN:	
MET WITH: Arielle Gabai/Licensee		TIME VISIT/ INSPECTION	11:10 AM
		COMPLETED:	

NARRATIVE	
1	On 8/27/25 Licensing Program Analysts (LPA) Alfonso Iniguez conducted a pre-
2	licensing evaluation for an RCFE facility type. Today's pre-licensing evaluation was
3	conducted with Arielle Gabai/Licensee.
4	
5	The licensee has applied for a license to serve (6) elderly residents ages 59 and
6	older. The fire clearance is approved for (6) non-ambulatory only. Approved hospice
7	waiver for four (4).
8	
9	
10	The facility is located on a residential neighborhood, it consist of (6) bedrooms, (7)
11	bathrooms, living room, dining room, kitchen, backyard with shaded area, office area
12	and closet areas.
13	
14	
15	The following was observed during this visit:
16	
17	MEDICATIONS
18	
19	There is a locked centralized storage area for Resident medications.
20	
21	PHYSICAL PLANT
22	
23	
24	Facility is clean, sanitary, and in good repair. Protective devices are in place. Indoor
25	and outdoor passageways, stairways, open porches, and other areas of potential
	hazard are free of obstructions. All window screens are clean and in good repair.
	Facility temperature is between 68 degrees and 85 degrees. Open porches, and

areas of potential hazard are well-lit and equipped with sturdy hand railings. Smoke alarms operate properly. Carbon monoxide detectors operate properly.

Evaluation Report Continues LIC 809-C

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez

NAME OF LICENSING PROGRAM ANALYST: Alfonso Iniguez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/27/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

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California Department of Social Services

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340
	EL SEGUNDO, CA 90245

FACILITY NAME: AYRES RESIDENTIAL CARE HOMES
CHEVIOT HILLS

FACILITY NUMBER: 198320572

VISIT DATE: 08/27/2025

NARRATIVE	
1	BEDROOMS
2	
3	No client bedroom is a passageway to another room, bath or toilet. There is a bed for each client with a
4	mattress, mattress pad, bedsprings, and pillow(s) which are clean and in good repair.
5	
6	Mattresses and pillows are flame-retardant. There is dresser and closet space for each client that
7	includes at least two (2) drawers or eight (8) cubic feet of dresser space per client. There is a chair and
8	lamp for each client and at least one (1) nightstand per two (2) clients.
9	
10	BATHROOMS
11	
12	There is at least one (1) toilet and washbasin per six (6) clients, family, and personnel. There is at least
13	one (1) shower or bathtub per ten (10) clients, family, and personnel. Hot water temperature is between
14	105-120 degrees Fahrenheit. Bathroom is located near client bedrooms. There are nightlights in the
15	hallways outside non-private bathrooms.
16	
17	SUPPLIES
18	
19	There are client personal hygiene supplies to include soap, toothpaste, toilet paper, and comb. There is
20	a sufficient supply of clean linens to permit weekly changing or more of client top sheets, bottom sheets,
21	bedspreads, blankets, pillowcases, mattress covers, bath towels, hand towels, and washcloths.
22	
23	FOOD SERVICE
24	
25	Dining room is near kitchen. Refrigerator(s) and freezer(s) are clean and large enough for the storage of
26	at least two (2) days of perishable foods. Freezer is 0 degrees Fahrenheit. Refrigerator is a maximum of
27	45 degrees Fahrenheit. A seven (7) day supply of non-perishable food is present. There are sufficient
28	amounts of tableware, tables, dishes, and utensils. There are sufficient amounts of equipment for the
29	storage, preparation, and service of food. All equipment, dishes, and utensils are clean and well
30	maintained. All kitchen, food storage, and preparation areas are clean.
31	
32	Evaluation Report Continues LIC 809-C

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez	
NAME OF LICENSING PROGRAM ANALYST: Alfonso Iniguez	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/27/2025

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

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CHEVIOT HILLS

FACILITY NUMBER: 198320572

VISIT DATE: 08/27/2025

NARRATIVE	
1	RECORDS
2	
3	There is confidential storage of personnel records at the facility. There is confidential
4	storage of client records at the facility.
5	
6	ADMINISTRATION
7	
8	The emergency exiting plan and emergency phone numbers are posted. Client
9	Personal Rights are posted. Posting both sides of the Personal Rights form LIC 613
10	meets this requirement. Facility Visiting Policy is posted. Licensing Complaint Poster
11	is posted. There is space available for resident council meetings and resident
12	council postings.
13	
14	ACTIVITIES
15	
16	There is an outdoor activity space with a shaded area and furnished for outdoor use.
17	There is at least one common room available to clients for visitors. There are activity
18	supplies to include board games and electronic gaming system.
19	
20	MISCELLANEOUS
21	
22	There are first-aid supplies to include sterile first-aid dressings, bandages, adhesive
23	tapes, scissors, tweezers, thermometer, antiseptic solution, and a current first-aid
24	manual. There is space and equipment for laundry. There is a space for clean linen
25	storage and a separate space for soiled linen. There is an operating telephone
26	available to clients. Emergency lighting and supplies to include flashlights with
27	batteries.
28	
29	During this pre-licensing inspection, LPA did not find corrections are needed.
30	LPA conducted the Component III Orientation with the Licensee and copy of
31	this report was provided. A copy of the facility evaluation report will be
32	available to the Central Applications Unit (CAU) for review.

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