

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198601566

Report Date: 03/05/2026

Date Signed: 03/05/2026 03:51:29 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:	STUDIO ROYALE	FACILITY NUMBER:	198601566
ADMINISTRATOR/LEWIS,ERNEST D. DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	3975 OVERLAND AVENUE	TELEPHONE:	(310) 836-5854
CITY:	CULVER CITY	STATE: CA	ZIP CODE: 90232
CAPACITY:	175	CENSUS: 88	DATE: 03/05/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	09:30 AM
MET WITH:	William "Bill" Boles, Executive Director	BEGAN: TIME VISIT/INSPECTION	04:15 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Sparkle Day conducted an unannounced visit to the above facility. The
2 purpose of today's visit was to conduct the one-year inspection. LPA met with Executive Director William
3 "Bill" Boles and the purpose of the visit was discussed. Facility is licensed to serve 175 residents ages
4 60 and over, in which 74 residents may be non ambulatory, Five (5) bedridden residents may be on the
5 1st Floor. The facility has an approved hospice waiver for (5) residents. The facility does not handle any
6 of the residents' money.
7
8 The facility is a two stories building. There is a total of 94 resident rooms .There is a parking area in the
9 front and side of the facility. The 1st Floor consists of : 37 resident rooms, lobby/receptionist area, Two
10 common bathrooms. The activity room Dining room and kitchen, TV/Movie Room, laundry and staff
11 offices. The 2nd floor consists of: 57 resident rooms, library with a computer accessible for residents,
12 game room, physical therapy room, Two common bathrooms and salon. Located outside is patio area
13 with canopies and tables with chairs all along the perimeter. LPA Day and Executive Director toured the
14 following resident bedrooms #126, #120, #132, #134, #133, #261, #259, #233 and #232 and observed
15 all had the required furniture, bed linens and closet/drawer space to accommodate each resident
16 comfortably. Resident bathrooms were checked. Toilets and water faucets worked properly, grab bars
17 were secure, shower was free of mold/mildew and a non-skid mat was in place, water temperature
18 measured between 112 - 115°F. Resident bath towels, toiletries and personal hygiene supplies were
19 adequately stocked. Common areas were clean and clear of hazards; doorways were free of
20 obstructions.
21
22 Kitchen was checked and observed to be within Title 22 regulations. Perishable and non-perishable food
23 supply was checked. All cleaning solutions, hazardous items, and medications were securely locked and
24 inaccessible to residents. Smoke detectors were working properly and fire extinguisher was fully
25 charged.

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond

NAME OF LICENSING PROGRAM ANALYST: Sparkle Day

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/05/2026

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.

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

FACILITY NUMBER: 198601566

VISIT DATE: 03/05/2026

NARRATIVE	
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>Carbon monoxide detector was operational. First Aid kit was available. Outside grounds were toured and no bodies of water were observed. Walkways around the home were clear of hazards. There are no security bars or weapons on the premises. According to the California Code of Regulations (Title 22, Division 6, Chapter 8), LPA observed the following deficiencies and issued a citation.</p> <p>Deficiencies cited under California Code of Regulations (Title 22, Division 6, Chapter 8), LPA observed the following deficiencies:</p> <p>-On 3/05/26 LPA Sparkle Day reviewed staff records and found that 3 out of 6 residents did not have current First Aide Certificates on file.</p> <p>Exit interview conducted with William Boles, Executive Director. A copy of this report was provided at time of visit.</p>

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond	
NAME OF LICENSING PROGRAM ANALYST: Sparkle Day	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 03/05/2026

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FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: STUDIO ROYALE

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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/05/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87411(c)(1)	
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Personnel Requirements - General

(1) Staff providing care shall receive appropriate training in first aid from persons qualified by such agencies as the American Red Cross.


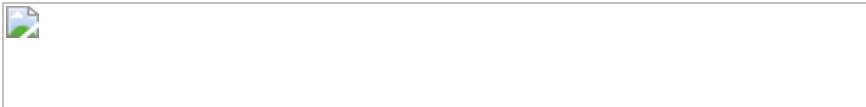
This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on (observation) and (record review), the licensee did not comply with the section cited above in [3] out of [6] persons did not have current First Aide Certificate on file at time of visit, which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 03/12/2026	
Plan of Correction	
1	Executive Director Bill Boles ensures that staff have current First Aide certificates on file by POC date 3/12/26. Executive Director will send copy of First Aide certificaes to LPA Sparkle Day by POC date to : Sparkle.day@dss.ca.gov
2	
3	
4	

		Section Cited			
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Deficient Practice Statement	
1	
2	
3	
4	
POC Due Date:	
Plan of Correction	
1	
2	
3	
4	

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 MANAGER:	Janae Hammond
NAME OF LICENSING PROGRAM ANALYST:	Sparkle Day
LICENSING PROGRAM ANALYST SIGNATURE:	 DATE: 03/05/2026
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