

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 198601962

Report Date: 02/20/2026

Date Signed: 03/10/2026 10:20:45 AM

Document Has Been Signed on 03/10/2026 10:20 AM - It Cannot Be Edited

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>GREATER LA AC/SC, 1000 CORPORATE CNTR<br>DR. ST 500<br>MONTEREY PARK, CA 91754 |
|--|---|

|  |                               |                                   |                  |
|--|-------------------------------|-----------------------------------|------------------|
| FACILITY NAME:                         | SOUTHLAND LIVING              | FACILITY NUMBER:                  | 198601962        |
| ADMINISTRATOR/TRAN, VICTORIA DIRECTOR: |                               | FACILITY TYPE:                    | 740              |
| ADDRESS:                               | 11701 STUDEBAKER ROAD         | TELEPHONE:                        | (562) 406-7326   |
| CITY:                                  | NORWALK                       | STATE: CA                         | ZIP CODE: 90650  |
| CAPACITY:                              | 75                            | CENSUS: 57                        | DATE: 02/20/2026 |
| TYPE OF VISIT:                         | Required - 1 Year             | UNANNOUNCED TIME VISIT/INSPECTION | 01:30 PM         |
| MET WITH:                              | Victoria Tran - Administrator | BEGAN: TIME VISIT/INSPECTION      | 05:30 PM         |
|  |                               | COMPLETED:                        |                  |


### NARRATIVE

1 Licensing Program Analyst (LPA) Tena Herrera conducted the required annual inspection. LPA arrived  
2 unannounced and met with Administrator Victoria Tran and explained the purpose for today's visit. The  
3 facility is licensed to serve 75 Non-Ambulatory residents of which 10 may be bedridden. Approved  
4 bedridden rooms #2, 4, 5, 6, 7, 8, 9, 10, 11, and 12. Approved hospice waiver for 10 residents. There is  
5 currently 1 resident using hospice services and 0 bedridden.  
6  
7 LPA utilized the Compliance and Regulatory Enforcement (CARE) tools for the visit today and observed  
8 the following:  
9  
10  
11 **Infection Control:** The facility maintains the required Infection Control Plan.  
12 **Operational Requirements:** The facility maintains the required liability insurance.  
13 **Physical Plant & Environment Safety:** LPA toured facility, residents' bedrooms/units were checked  
14 and had the required closet/drawer space to accommodate each resident comfortably available. The  
15 resident rooms have signal systems located in each bathroom that were tested an operating properly.  
16 There are smoke detectors, carbon monoxide detectors and an emergency sprinkler system throughout  
17 the facility that are operable and in compliance. The fire extinguishers were observed throughout the  
18 facility and are fully charged. No bodies of water were observed at the facility. There are no security bars  
19 or weapons on the premises. Hygiene products are readily available. The hot water temperature was  
20 tested throughout the facility resident private bathrooms and measured within the required range of 105-  
21 120 degrees. Facility has shaded patio/garden areas for residents on each floor.  
22 **Staffing:** There appears to be sufficient staffing at all times in the facility.  
23 **Personnel Records-Training:** Staff have criminal record clearance, current First-Aid training along with  
24 training in postural supports, Alzheimer's and Dementia, Hospice, care for Bedridden residents,  
25 medication assistance, and other ongoing training are documented in personnel files. LPA reviewed 5  
staff files with no issues observed. Administrator Victoria Tran certificate expires on 4/15/2027.  
(Continued on LIC9099-C)

**NAME OF LICENSING PROGRAM MANAGER:** David Sicairos

**NAME OF LICENSING PROGRAM ANALYST:** Tena Herrera

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 02/20/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/20/2026

**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



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| <b>FACILITY EVALUATION REPORT (Cont)</b>               |  |

**FACILITY NAME:** SOUTHLAND LIVING **FACILITY NUMBER:** 198601962  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 02/20/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

|  |               |                      |            |                    |  |
|--|---------------|----------------------|------------|--------------------|--|
|  | <b>Type A</b> | <b>Section Cited</b> | <b>CCR</b> | <b>87465(h)(4)</b> |  |
|--|---------------|----------------------|------------|--------------------|--|

**Incidental Medical and Dental Care Services**

(h) The following requirements shall apply to medications which are centrally stored: (4) All centrally stored medications shall be labeled and maintained in compliance with state and federal laws. No persons other than the dispensing pharmacist shall alter a prescription label.

This requirement is not met as evidenced by:

|   |  |
|---|--|
|   | <b>Deficient Practice Statement</b>  |
| 1 | Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above in [count] out of [total count] [(objects) (persons)] [identifiers] which poses an immediate health, safety or personal rights risk to persons in care. |
| 2 |  |
| 3 |  |
| 4 |  |
|   | <b>POC Due Date:</b>   |
|   | <b>Plan of Correction</b>  |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

|  |  |                      |  |  |  |
|--|--|----------------------|--|--|--|
|  |  | <b>Section Cited</b> |  |  |  |
|--|--|----------------------|--|--|--|

|   |                                     |
|---|-------------------------------------|
|   | <b>Deficient Practice Statement</b> |
| 1 |                                     |
| 2 |                                     |
| 3 |                                     |
| 4 |                                     |
|   | <b>POC Due Date:</b>                |
|   | <b>Plan of Correction</b>           |
| 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.**

|   |                         |
|---|-------------------------|
| <b>NAME OF LICENSING PROGRAM MANAGER:</b>   | David Sicairos          |
| <b>NAME OF LICENSING PROGRAM ANALYST:</b>   | Tena Herrera            |
| <b>LICENSING PROGRAM ANALYST SIGNATURE:</b> |                         |
|   | <b>DATE:</b> 02/20/2026 |

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

|   |                         |
|---|-------------------------|
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b> |                         |
|   | <b>DATE:</b> 02/20/2026 |

