

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 198602039

Report Date: 09/13/2025

Date Signed: 09/13/2025 11:44:14 AM

Document Has Been Signed on 09/13/2025 11:44 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	REGENT VILLA RETIREMENT HOME	FACILITY NUMBER:	198602039
ADMINISTRATOR/DIRECTOR:	GORDON, JENNI	FACILITY TYPE:	740
ADDRESS:	201 W WARDLOW RD	TELEPHONE:	(562) 595-6529
CITY:	LONG BEACH	STATE:	CA
CAPACITY:	188	ZIP CODE:	90807
TYPE OF VISIT:	Case Management - Annual Continuation	CENSUS:	146
		DATE:	09/13/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:13 AM
MET WITH:	Nicole Lozano	TIME VISIT/INSPECTION COMPLETED:	11:45 PM

NARRATIVE	
1	On September 13, 2025, Licensing Program Analyst (LPA) Deborah Lee
2	conducted an unannounced Case Management-Annual Continuation visit using the
3	CARE Inspection Tool to continue inspection from 8/28/25. LPA met with Nicole
4	Lozano. LPA explained the purpose of today's visit. The facility is licensed to
5	serve (188) elderly adults ages 60 and above, of which (40) can be non-
6	ambulatory. The facility has an approved hospice waiver for (3)
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11	<u>Structure:</u>
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13	The facility is a two-story commercial building that consists of (94) resident
14	bedrooms, (94) resident bathrooms, eight (8) common bathrooms, dining room,
15	commercial kitchen, staff area, office area, commercial washer and dryer room/
16	storage area, Movie room, activity room, and backyard with umbrella with table
17	and chairs.
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21	LPA reviewed 5 resident files and found 5 out of 5 contained all the necessary
22	documentation. LPA reviewed 5 staff files and found 5 out of 5 contained the
23	required documentation, certification, and training. LPA observed all required
24	posting throughout the facility.
25	

**NAME OF LICENSING PROGRAM MANAGER:** Eva M Alvarez

**NAME OF LICENSING PROGRAM ANALYST:** Deborah Lee

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 09/13/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/13/2025

**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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

LIC809 (FAS) - (09/23)

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<b>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</b>  <b>FACILITY EVALUATION REPORT (Cont)</b>	<b>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b> <b>COMMUNITY CARE LICENSING DIVISION</b> <b>EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340</b> <b>EL SEGUNDO, CA 90245</b>
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**FACILITY NAME:** REGENT VILLA RETIREMENT HOME

**FACILITY NUMBER:** 198602039

**VISIT DATE:** 09/13/2025

<b>NARRATIVE</b>	
1	<u>Medication</u>
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4	LPA observed all centrally stored medications in their original packaging and are
5	secured in the facility's med room.
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7	During today's visit there were no deficiencies cited.
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10	Exit interview conducted and copy copy of report give to Nicole Lozano
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Eva M Alvarez	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Deborah Lee	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 09/13/2025
<b>I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 09/13/2025

