

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198602557
Report Date: 09/04/2026
Date Signed: 09/04/2026 03:39:22 PM

COMPREHENSIVE INSPECTION

Document Has Been Signed on 09/04/2026 03:39 PM - It Cannot Be Edited

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

FACILITY NAME:	ALONDRA GUEST HOME	FACILITY NUMBER:	198602557
ADMINISTRATOR/DIRECTOR:	VILLAFLORES, LOURDES	FACILITY TYPE:	740
ADDRESS:	11849 ALONDRA BLVD	TELEPHONE:	(562) 863-7630
CITY:	NORWALK	STATE:	CA
CAPACITY:	6	ZIP CODE:	90650
TYPE OF VISIT:	Required - 1 Year	CENSUS:	4
		DATE:	09/04/2026
		UNANNOUNCED TIME VISIT/INSPECTION	01:04 PM
		BEGAN:	
MET WITH:	Joy Villaflores - Administrator	TIME VISIT/INSPECTION	03:52 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Erik Zaragoza conducted an unannounced Required 1-year visit using the full Care Compliance and Regulatory Enforcement (CARE) Tools. LPA met with Joy Villaflores, administrator for the facility, and explained the purpose of the visit.
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5	The following 12 (CARE) tool domains were observed and reviewed: Infection Control, Physical Plant/Environment Safety, Operational Requirements, Staffing, Personnel Records/Staff Training, Resident Rights/Information, Resident Records/Incident Reports, Food Service, Planned Activities, Incident Medical and Dental, Disaster Preparedness, and Residents with Special Health Needs.
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9	Infection Control:
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13	• Infection control plan is on file.
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17	Physical Plant/Environment Safety:
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21	• The facility is a single-story home located in a residential neighborhood. The facility consists of three (3) resident bedrooms, two (2) staff bedrooms, a living room, a kitchen, dining room, a backyard with shaded area that contains the facility washer and dryer, and an attached garage that contains extra supplies along with the cleaning supplies and chemicals. The facility contains three (3) bathrooms including checking their water temperature, which all fell within the required range of 105 – 120 degrees Fahrenheit. The carbon monoxide detectors are all operational in the home. A fully charged fire extinguisher is kept on the premises.
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- Facility was observed to be in good repair.

David Sicairos
Erik Zaragoza



DATE: 09/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/04/2026

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

Page: 1 of 5
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
	GREATER LA AC/SC, 1000 CORPORATE CNTR
	DR. ST 500
	MONTEREY PARK, CA 91754

FACILITY NAME: ALONDRA GUEST HOME

FACILITY NUMBER: 198602557

VISIT DATE: 09/04/2026

NARRATIVE	
1	Operational Requirements: • Fire clearance was approved by LA County Fire Department for a capacity of six (6) ambulatory residents, four (4) of whom may be non-ambulatory, and a hospice waiver approved for one (1) residents. • Care and supervision to meet the clients' needs was observed. Staffing: • Two (2) full-time staff members provide care and supervision to the clients. Personnel Records/Staff Training: • Two (2) staff files were reviewed for criminal background clearance and training. • Both staff records have a health screening with a Tuberculosis clearance, First Aid/CPR trainings that are active, and required annual trainings. • Administrator's certificate expires on 8/2/2027. Resident Rights/Information: • Physician orders were reviewed for four (4) resident files. • Medications were also reviewed for four (4) residents. Resident Records/Incident Reports: • Four (4) resident files were reviewed containing admission agreements, Physician's Report, medical/functional assessments, Needs and Services Plans, TB clearance, Appraisal/Needs and Services Plan, personal rights, medical consent, and medication records were reviewed.
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NAME OF LICENSING PROGRAM MANAGER: David Sicairos	
NAME OF LICENSING PROGRAM ANALYST: Erik Zaragoza	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/04/2026

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
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FACILITY NAME: ALONDRA GUEST HOME

FACILITY NUMBER: 198602557
VISIT DATE: 09/04/2026

NARRATIVE	
1	Food Service:
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3	• The kitchen was inspected and has sufficient supply of 2-day perishable & 7-day non-perishable food.
4	Kitchen, food preparation area, and storage areas were observed to be clean and sanitary.
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6	Incident Medical and Dental:
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8	• All residents are assisted with medication management by staff.
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10	Disaster Preparedness:
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12	• Emergency and Disaster Plan (LIC610E) was posted in the facility and LPA obtained a copy.
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14	• The last emergency and disaster drill was conducted on 8/1/2026.
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16	Planned Activities:
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18	• Sufficient Space is provided to accommodate both indoor and outdoor activities.
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20	• Sufficient equipment and supplies are provided to meet the requirements of the activity program.
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22	Residents with Special Health Care Needs
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24	• It was observed that two (2) residents have half-rails on their beds, however neither had a physician's
25	order on file for the half-rails.
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29	• It was also observed two (2) residents have full-rails, however one (1) is not on hospice and the other
30	resident that is on hospice did not have full rails identified in their hospice care plan.
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32	• There is an adequate number of staff to support each resident's physical, social, emotional, safety and
	health care needs as identified in his/her appraisal.
	 Per California Code of Regulations, Title 22, and California Health and Safety Code, the deficiencies that were observed are cited on the attached LIC809-D page. Exit interview held and a copy of the report along with appeal rights were provided.

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NAME OF LICENSING PROGRAM ANALYST: Erik Zaragoza	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/04/2026
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Created By: Erik Zaragoza On 09/04/2026 at 03:22 PM
Link to Parent Document Below:

FACILITY NAME: ALONDRA GUEST HOME

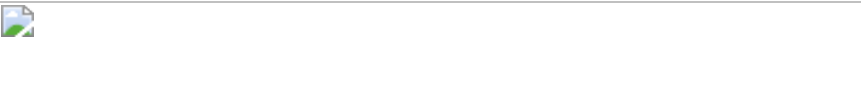
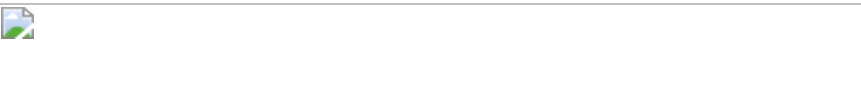
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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/04/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/05/2026 Section Cited CCR 87608(a)(5)(B)	1 (a) Based (...) Postural supports may be used under the following conditions. 2 (5) Under (...) or feet. (B) Bed rails that 3 extend the entire length of the bed are 4 prohibited except for residents (...) have 5 a hospice care plan that specifies the 6 need for full bed rails. 7 This regulation is not met as evidenced by:	1 Administrator is to ensure all residents 2 who utilize full rails are on hospice and 3 have physician orders for the full-rails at 4 all times. Administrator shall submit 5 plan to obtain the physician orders for 6 the resident on hospice, and submit an 7 exception request for other resident or remove the full rails to LPA by the POC due date.
	8 Based on record review, the 9 licensee/administrator did not meet the 10 above requirement in 2 out of 4 11 residents, because both residents who 12 have full rails either are not on hospice 13 or do not have an order for full rails, 14 which poses an immediate health and safety risk to residents in care.	
Type B 09/25/2026 Section Cited CCR87608(a)(5)(A)	1 (a) Based (...) Postural supports may be used under the following conditions. 2 (5) Under (...) or feet. (A) A bed rail that 3 extends from the head half the length of 4 the bed and used only for assistance 5 with mobility shall be allowed. 6 This regulation is not met as evidenced by:	1 Administrator is to ensure all residents 2 who utilize half rails have physician 3 orders for the half-rails at all times. 4 Administrator is to obtain the physician 5 orders for the two (2) identified 6 residents and email the order to LPA by 7 the POC due date.
	8 Based on record review, the 9 licensee/administrator did not meet the 10 above requirement in 2 out of 4 11 residents, because both residents who 12 have half rails do not have physician 13 orders for them, which poses a 14 potential health and safety risk to residents in care.	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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