

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198602923
Report Date: 06/23/2026
Date Signed: 06/23/2026 04:09:23 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754	
FACILITY EVALUATION REPORT			
FACILITY NAME: A FAITHFUL HOME OF CERRITOS		FACILITY NUMBER:	198602923
ADMINISTRATOR/THERESA KHOLOMA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(714) 300-8055
ADDRESS: 11213 AGNES ST		ZIP CODE:	90703
CITY: CERRITOS	STATE: CA	DATE:	06/23/2026
CAPACITY: 6	CENSUS: 6	UNANNOUNCED TIME VISIT/	
TYPE OF VISIT: Required - 1 Year		INSPECTION	12:42 PM
		BEGAN:	
MET WITH: House Manager Rudy Ignacio		TIME VISIT/	
		INSPECTION	04:23 PM
		COMPLETED:	

NARRATIVE	
1	On 6/23/26, Licensing Program Analyst (LPA) Jewel Baptiste conducted an unannounced Annual/Required inspection to A Faithful Home of Cerritos. Upon arrival LPA was greeted by Direct Support Professional (DSP) Dominador Laguarda who contacted the House Manager, Rudy Ignacio. LPA explained the reason for the visit. This home is licensed to serve age range 60 and over. Six (6) non-ambulatory only. Hospice waiver for two (2). There were (6) residents in care during the time of this visit. The last emergency disaster/fire drill was conducted on 5/05/2026. The Administrator Certificate expires on 4/28/2027. During today's visit LPA inspected the physical plant inside and outside, reviewed the food supply, tested the smoke/carbon monoxide detectors, reviewed (0) staff files (House manager stated the files will have to be emailed to LPA), (6) resident files, and medications for (6) residents. LPA attempted to interview all 6 residents, 2 of which was able to communicate. During the visit 2 staff was interviewed.
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17	This home contains 5 bedrooms, 2 bathrooms, living room with non-working fireplac with cover, kitchen, dining room and an attached garage. LPA toured the physical plant with the DSP and observed all (5) resident bedrooms, contained required furniture, lamps, dresser, chair, and closet space. The two bathrooms contain a working toilet, basin and water faucet, walk in shower with grab bar, shower chair, and bathmat. The temperature measured at 117.0°F-118.8°F. The smoke detectors were battery operated, tested, and observed to be working properly. The carbon monoxide detector was located in the hallway, tested, and functioning properly. There were (1) fire extinguisher located in kitchen fully charged and up to date. The
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kitchen was toured and contained working appliances; refrigerator, stove, oven and contained dishware, cups, plates, utensils, pots, and pans with knives secured and locked in kitchen cabinet. The cleaning agents and toxins were locked in the garage. The pantry was well stocked with canned goods, pasta, cereals, and the food supply contained a sufficient supply with a two-day supply of perishables and a seven-day supply of non-perishables that met title 22 guidelines. Walls and floors, cabinets and counters were clean and sanitary throughout the home.

(Report continued on LIC809C.)

NAME OF LICENSING PROGRAM MANAGER: Lisa Hicks

NAME OF LICENSING PROGRAM ANALYST: Jewel Baptiste

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/23/2026

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

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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

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.

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Created By: Jewel Baptiste On 06/23/2026 at 03:35 PM
Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: A FAITHFUL HOME OF CERRITOS

FACILITY NUMBER: 198602923

DEFICIENCY INFORMATION FOR THIS PAGE:

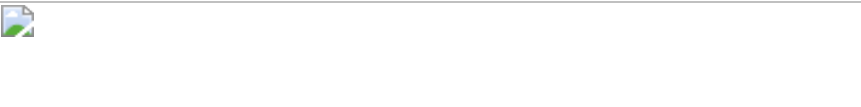
VISIT DATE: 06/23/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87412(f)	
Personnel Records					
(f) All personnel records shall be available to the licensing agency to inspect, audit, and copy upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the following requirements:					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on interview, the licensee did not comply with the section cited above in 2 out of 2 staff files was not available for review, which poses/posed a potential health, safety or personal rights risk to persons in care.				
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	POC Due Date: 07/07/2026				
	Plan of Correction				
1	The facility will ensure all files are available at the facility for review, A copy of the staff files will be sent to LPA by POC due date.				
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	Type B	Section Cited	CCR	87458(c)(1)	
Medical Assessment					
(c) The medical assessment shall include, but not be limited to: (1) A physical examination of the resident indicating the licensed medical professional's diagnosis or diagnoses and results of an examination for all of the following:					

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, interview, and record review, the licensee did not comply with the section cited above in 2 out of 6 residents did not have a TB test o file, which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 07/28/2026
	Plan of Correction
1 2 3 4	The facility will ensure all residents have a TB test on file. A copy of the test is due to LPA by POC due date.

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:	Lisa Hicks
NAME OF LICENSING PROGRAM ANALYST:	Jewel Baptiste
LICENSING PROGRAM ANALYST SIGNATURE:	 DATE: 06/23/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	 DATE: 06/23/2026

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: A FAITHFUL HOME OF CERRITOS **FACILITY NUMBER:** 198602923
VISIT DATE: 06/23/2026

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	During file review LPA observed 2 out of 6 residents did not have a TB test on file. 2 staff files will be emailed to LPA along with 3 resident doctors' orders for bedrails. The outdoor grounds were toured and inspected, and the patio was well maintained with a shaded seating area accessible for residents' use. The garage contained a working washer and dryer, with cabinetry that contained emergency supply kits, toiletries, personal care supplies, and toxins and cleaning agents stored locked and inaccessible to the residents. LPA also noted beds in the garage. According to staff they use it as a rest area. Exit interview conducted with Rudy Ignacio, House Manager, a copy of this report was provided, and Appeal rights given.

NAME OF LICENSING PROGRAM MANAGER: Lisa Hicks
NAME OF LICENSING PROGRAM ANALYST: Jewel Baptiste
LICENSING PROGRAM ANALYST SIGNATURE:

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