

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198602967
Report Date: 09/08/2026
Date Signed: 09/08/2026 05:12:01 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION MONTEREY PARK ASC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754	
FACILITY EVALUATION REPORT			
FACILITY NAME: DREAM CARE HOME LLC		FACILITY NUMBER:	198602967
ADMINISTRATOR/CASTRO, MONA DIRECTOR:		FACILITY TYPE:	740
ADDRESS: 11838 163RD ST	STATE: CA	TELEPHONE:	(562) 404-7010
CITY: NORWALK	CENSUS: 5	ZIP CODE:	90650
CAPACITY: 6	DATE:		09/08/2026
TYPE OF VISIT: Case Management - Other	UNANNOUNCED	TIME VISIT/INSPECTION	03:04 PM
MET WITH: Administrator-Mona Castro		BEGAN: TIME VISIT/INSPECTION	05:10 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Elena Mallett conducted an unannounced Case Management visit to		
2	clear the physical plant for the change of capacity from six (6) to ten (10) residents and a change to the		
3	ambulatory status from six (6) bedridden to six (6) bedridden and four (4) non-ambulatory. LPA was met		
4	by Licensee Mona Castro and the purpose of the visit was explained.		
5			
6	The facility is located in the residential neighborhood of Norwalk. The facility consists of living room,		
7	dining room, kitchen, attached garage, covered patio, two bathrooms and five resident bedrooms and a		
8	staff room. There is a backyard and front yard and shed in the backyard for storage.		
9			
10	The fire clearance was granted for an Residential Care For the Elderly for up to 10 residents. Six (6)		
11	bedridden and four(4) non-ambulatory. Two(2) bedridden residents can be in each bedrooms # 1 ,# 3		
12	and #4. Bedrooms # 2 and# 5 will be used for non-amublatory residents only. Two (2) non-ambulatory		
13	residents can be in each bedroom.		
14			
15	LPA toured the facility and observed the following: The facility is clean and sanitary and free of debris		
16	and obstruction. Each room contained the required furnishings (bed, chair, lamp,) linens (top sheet,		
17	bottom sheet , mattress cover),blankets and towels for ten(10) residents in care. Each room contained		
18	closet and drawer space to meet Title 22 storage requirements for ten (10) residents in care.		
19			
20	Per Title 22 requirements there must be one bathtub or shower for each ten (10) persons and one toilet		
21	and washbasin for each six (6) persons. The facility met this requirement in that there were two		
22	bathrooms each with an operable toilet,shower and wash basin. There were grab bars and no slip mats		
23	present in the showers. The hot water temperature in both sink faucets in both bathrooms measured		
24	within Title 22 regulations of (105F to 120F).		
25			



DATE: 09/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/08/2026

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 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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: DREAM CARE HOME LLC	FACILITY NUMBER: 198602967
	VISIT DATE: 09/08/2026

NARRATIVE	
1	The kitchen contained operable appliances to prepare food for ten (10) residents in care. The facility has
2	three refrigerators. LPA observed two days of perishable food and seven days of non-perishable food
3	sufficient for ten (10) residents in care. Silver ware, plates, cups and bowls were observed in numbers to
4	serve ten (10) residents in care. The kitchen area contained enough tables and seating for ten (10)
5	residents.
6	
7	Facility has an infection control plan that is applicable for ten (10) residents. Facility is clean and sanitary
8	and staff cleans high touch areas daily and cleans and disinfects daily. Facility has enough PPE for ten
9	(10) residents in care.
10	
11	Locked cabinets with enough space for staff files and ten(10) resident files and ten (10 residents'
12	medications were observed. There is locked drawer for sharps. Cleaners and detergents are locked in
13	the garage.
14	
15	An operable carbon monoxide detector and a fully charged fire extinguisher were present. Smoke
16	detectors are present in the hallway , living room and in each resident room and were tested and
17	operable. The staff room has a smoke detector connected to the facility fire alarm system. The facility
18	has a fire alarm system that was inspected on 03/16/26.
19	
20	Facility has a disaster plan that was reviewed 09/26. The plan is applicable to ten (residents) in care and
21	identifies two relocation sites, utility shut off points and designates emergency roles for facility staff. A
22	fully stocked first aid kit and manual were observed along with individual emergency backpacks for 10
23	(ten) residents and ten (10) flashlights. Emergency food and water for enough for ten (10) residents in
24	care was present.
25	
26	There are furnished, shaded areas in both the front yard and the backyard with seating available for
27	ten(10) residents. Facility has games, books and activities enough for ten(10) residents. The backyard
28	and front yard were free of debris and obstruction.
29	
30	There were no deficiencies cited today Per Title 22 regulations. The physical plant is cleared.
31	
32	An exit interview was conducted with Administrator Mona Castro and a copy of this licensing report was
	provided.

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros	
NAME OF LICENSING PROGRAM ANALYST: Elena Mallett	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/08/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/08/2026