

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 198602967

**Report Date:** 01/15/2026

**Date Signed:** 01/15/2026 02:39:37 PM


**Document Has Been Signed on** 01/15/2026 02:39 PM - **It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT</b>	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:	DREAM CARE HOME LLC	FACILITY NUMBER:	198602967
ADMINISTRATOR/CASTRO, MONA DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	11838 163RD ST	TELEPHONE:	(562) 404-7010
CITY:	NORWALK	STATE: CA	ZIP CODE: 90650
CAPACITY:	6	CENSUS: 4	DATE: 01/15/2026
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED TIME VISIT/ INSPECTION	BEGAN: 01:40 PM
MET WITH:	Mona Castro - Licensee/ Administrator	TIME VISIT/ INSPECTION	COMPLETED: 02:40 PM

### NARRATIVE

1 Licensing Program Analyst (LPA) Tena Herrera conducted a subsequent case management visit in  
 2 response to an initial case management dated 10/16/25 following the death of Resident #1 (R1), who  
 3 passed away 8/7/25. LPA met with Licensee/ Administrator Mona Castro and explained the purpose for  
 4 today's visit.  
 5  
 6 On 10/8/25 the Department received a Death Report indicating the following: on 8/7/25 R1 was found on  
 7 the street by a bystander and was complaining of abdominal pain, 911 was called and R1 was admitted  
 8 to the hospital at 8:37am and was observed at the hospital for further evaluation and treatment. R1 was  
 9 coded blue at 8:37pm and expired at 9:26pm. The cause of death was not specified, and Medical  
 10 Records were forwarded to Administrator on 10/8/25.  
 11  
 12 On 10/10/25 LPA Mallett conducted a telephone interview with Administrator Mona Castro.  
 13  
 14 On 10/13/25 the department received the following documents from R1's File via email: Admission  
 15 Agreement, Physician Report dated 1/27/25, Appraisal Needs and Service Plan dated 4/2/25,  
 16 Medication Administration Records (MAR) from May-August 2025, ID and Emergency Information dated  
 17 1/7/23.  
 18  
 19 On 10/16/25 LPA's Herrera and Mallett conducted an initial visit, conducted interview with Administrator,  
 20 toured R1's room and requested facility to obtain and provide Licensing with R1's Death Certificate upon  
 21 receipt.  
 22  
 23 On 1/14/26 LPA Herrera received a copy of R1's Death Certificate dated 11/25/25 with the cause of  
 24 death listed as: Congestive Heart Failure.  
 25  
 Based on statements and interviews conducted with staff and review of R1's files and death report the  
 cause of death does not appear to be suspicious or due to any neglect, therefore the findings are  
**UNSUBSTANTIATED**. Exit interview held, and a copy of this report was provided.

**NAME OF LICENSING PROGRAM MANAGER:** David Sicairos  
**NAME OF LICENSING PROGRAM ANALYST:** Tena Herrera  
**LICENSING PROGRAM ANALYST SIGNATURE:**  
 **DATE:** 01/15/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**  
 **DATE:** 01/15/2026

**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 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.