

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603172

Report Date: 11/14/2025

Date Signed: 11/14/2025 01:31:03 PM

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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: SAVANT OF NORWALK	FACILITY NUMBER: 198603172
ADMINISTRATOR/DAVID HERNANDEZ	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 11515 FIRESTONE BLVD	TELEPHONE: (562) 379-9200
CITY: NORWALK	STATE: CA
CAPACITY: 80	ZIP CODE: 90650
TYPE OF VISIT: Required - 1 Year	CENSUS: 79
	DATE: 11/14/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 09:21 AM
MET WITH: David Hernandez - Executive Director	TIME VISIT/INSPECTION
	COMPLETED: 01:45 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Tena Herrera conducted the required annual inspection. LPA arrived
2 unannounced and met with Executive Director David Hernandez and explained the purpose for today's
3 visit.
4

5 The Facility is a 2 story building located in Norwalk, CA. There are a total of 40 resident rooms. That is
6 licensed to serve 80 non-ambulatory residents ages 60 and above, of which 10 can be bedridden. The
7 designated rooms for bedridden residents are rooms 1, 3, 5, 7, and 9, The facility has an approved
8 hospice waiver for 30 residents. There are a total of 40 resident rooms.
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11
12 LPA utilized the Compliance and Regulatory Enforcement (CARE) tools for the visit today and observed
13 the following:

14 **Infection Control:** The facility staff are using appropriate hand hygiene and cleaning/disinfecting
15 throughout the day. Facility has sufficient PPE supplies and has an Infection Control Plan.

16 **Operational Requirements:** The facility has an approved fire clearance, there is a plan of operation
17 with required Infection Control Plan, Dementia Plan and training, Care of Bedridden Residents Plan and
18 training, and facility maintains the required liability insurance.

19 **Physical Plant & Environment Safety:** LPA toured facility, a total of 8 residents' bedrooms/units were
20 checked and had the required closet/drawer space to accommodate each resident comfortably
21 available. The fire extinguishers were observed throughout the facility and are fully charged. No bodies
22 of water were observed at the facility. There are no security bars or weapons on the premises. Hygiene
23 products are readily available. The hot water temperature was tested throughout the facility resident
24 private bathrooms and measured within the required range of 105-120 degrees. There is shaded
25 patio/garden area for resident.

Food Service: The kitchen was observed for the ability to prepare and serve food. LPA observed an

appropriate food supply of two (2) days of perishables and one week (7 days) of non-perishables.
(Continued on LIC809-C)

NAME OF LICENSING PROGRAM MANAGER: David Sicairos

NAME OF LICENSING PROGRAM ANALYST: Tena Herrera

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/14/2025

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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754</p>
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FACILITY NAME: SAVANT OF NORWALK

FACILITY NUMBER: 198603172

VISIT DATE: 11/14/2025

NARRATIVE	
1	Planned Activities: Facility provides scheduled activities with a monthly calendar and the required full-
2	time staff that conduct and evaluate planned activities. There is sufficient space both indoor and outdoor
3	for activities.
4	Staffing: There appears to be sufficient staffing at all times in the facility.
5	Personnel Records-Training: Staff have criminal record clearance, current First-Aid training along with
6	training in postural supports, Alzheimer's and Dementia, medication assistance, and other ongoing
7	training are documented in personnel files. LPA reviewed 6 staff files with no issues observed.
8	Administrator (Executive Director) David Hernandez certificate expires on 4/15/2027.
9	Resident Records-Incident Reports: Resident files are kept in a secure location and have the
10	following documents in their files - Pre-admission appraisal/Appraisal Needs & Services Plan, Admission
11	Agreements, Identification & Emergency Information and current Physician's Report. LPA reviewed 9
12	Resident Files with no issues observed.
13	Residents Rights-Information: Residents are provided with telephone and internet at the facility. The
14	facility has the following posters posted on each floor/section: Residents Rights, Complaint Poster, and
15	Ombudsman.
16	Incidental Medical & Dental: Medication is properly labeled and are centrally stored and are in their
17	original containers. 8 residents medications were reviewed during todays visit without any issues.
18	Disaster Preparedness: The facility has an Emergency Disaster Plan with contact numbers and at
19	least 2 relocation sites. The last drill was conducted on 10/16/2025.
20	Residents with Special Health Needs: Facility admits residents that are bedridden and residents that
21	require hospice service. Currently there are 0 Bedridden Residents and 3 Residents Using Hospice
22	Services at the facility.
23	
24	Per California Code of Regulations, Title 22, and California Health and Safety Code, there were no
25	deficiencies observed during the visit.
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27	Exit interview held, a copy of the report was provided to David Hernandez.
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NAME OF LICENSING PROGRAM MANAGER: David Sicairos	
NAME OF LICENSING PROGRAM ANALYST: Tena Herrera	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 11/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/14/2025
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