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Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603220
Report Date: 09/20/2025
Date Signed: 09/20/2025 04:49:25 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245

FACILITY NAME:	CITY VIEW LA, LLC		FACILITY NUMBER:	198603220
ADMINISTRATOR/DIRECTOR:	GINSBERG, MENDY		FACILITY TYPE:	740
ADDRESS:	515 N LA BREA AVE		TELEPHONE:	(323) 938-2131
CITY:	LOS ANGELES	STATE: CA	ZIP CODE:	90036
CAPACITY: 166		CENSUS: 115	DATE:	09/20/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:39 AM
MET WITH:	Marcia McKay - Wellness Director		TIME VISIT/ INSPECTION COMPLETED:	02:59 PM

NARRATIVE

On 09/20/25, Licensing Program Analyst (LPA) Ernand Dabuet conducted an unannounced annual required visit using the CARE Inspection Tool. LPA met with Wellness Director Marcia McKay. LPA Dabuet explained the purpose of today's visit. The facility is licensed to operate for (166) non-ambulatory elderly adults of ages 60 and above. Currently, the facility has (69) residents in Assisted Living, (46) in Memory Care (4) in hospice care. The facility is approved for (14) hospice residents.

The facility is a six-story structure located in a commercial neighborhood. It consists of the following: (21) resident bedrooms in Memory Care and (71) resident bedrooms in Assisted Living. Each room has a bathroom in the unit, an activity room, a dining area, a private dining room, a kitchen, a rooftop patio, a lobby, (8) public restrooms, a gym, and subterranean parking.

LPA toured the physical plant. There were no bodies of water on the premises. All rooms were inspected. Beds and bedding supplies were in good condition, adequate lighting was provided, and storage for the resident's personal belongings was observed. Bed linens, comforters, and bath towels were stocked during the visit. The resident rooms were inspected: #205, #207, #303, #321, #402, #407, #507 and #511. All call buttons were in working condition. Bathrooms were operational with water temperature measured at 105.1 – 115.5 degrees F. A comfortable temperature was maintained in the facility at 72-75 degrees F.

LPA observed the facility to be furnished at the time of the visit. Storage areas for personal hygiene, cleaning supplies, toxins, and sharps objects were stored and not accessible to residents. The kitchen was inspected, and sufficient perishable and non-perishable food was maintained adequately.
Evaluation Report continues LIC 809-C

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond

NAME OF LICENSING PROGRAM ANALYST: Ernand Dabuet **LICENSING PROGRAM ANALYST SIGNATURE:**	**DATE:** 09/20/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	**DATE:** 09/20/2025

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 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 **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245

FACILITY NAME: CITY VIEW LA, LLC **FACILITY NUMBER:** 198603220
VISIT DATE: 09/20/2025

NARRATIVE

Fire extinguishers were charged, and smoke detectors and carbon monoxide were operable in each resident's room. A review of the Medication Administration Records (MAR) was observed to be maintained in order and accurate. During the visit, LPA observed the facility's infection control practices. LPA observed screening protocols for visitors, staff, and residents, and sanitizing stations in common areas and restrooms. All mandated inspection control posters were posted.

LPA conducted an audit of resident #1-#5 (R1-R5) service files, and staff #1-#5 (S1-S5) personnel files. The facility has is current on Community Care Licensing (CCL) license annual dues.

DEFICIENCIES:
During staff file review between 11:30am - 12:30pm, the following required items were not in the files:

- Staff #1, #2 and #3 did not have a Criminal Clearance Background Clearance Transfer. No Criminal Clearance Transfer Request LIC 9182 on file or appears on the Department of Social Services Guardian Background Check System.

According to the California Code of Regulations (Title 22, Division 6, Chapter 8), the following deficiencies has been observed and citation issued (ref. LIC 9099-D).

- Technical Advisory Violation issued (see LIC9102)
- Immediate Civil Penalty issued.

An exit interview conducted with Marcia McKay and a copy of report and appeal rights provided.

Note: *Citations not cleared by the due date will be a $100 fine assessed for each citation until it is cleared. Civil penalties will continue to accrue until Proof of Corrections (POC) are cleared. *

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond
NAME OF LICENSING PROGRAM ANALYST: Ernand Dabuet
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 09/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 09/20/2025

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Created By: Ernand Dabuet On 09/20/2025 at 01:47 PM
Link to Parent Document Below:

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FACILITY NAME: CITY VIEW LA, LLC **FACILITY NUMBER:** 198603220
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 09/20/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Deficiency Dismissed	Type A	Section Cited	CCR	87355(3)(2)	

87355 Criminal Record Clearance - (e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility: (2) Request a transfer of a criminal record clearance as specified in Section 87355(c)

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation and record review, the licensee did not comply with the section cited above. LPA identified staff #1, #2, #3 did not have Criminal Clearane Background Transfer Request LIC 9182 and were not associated with this facility. (S1-S3) did not appear in CDSS Guardian Background Clearance System. This violation which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 09/22/2025
	Plan of Correction
1 2 3 4	Licensee is to ensure that all staff prior to working in the facility obtain a Criminal Background Clearance and Criminal Background Transfer Request and provide proof of correction to CCLD by POC due date. Proof of Correction due date: 09/22/25 at ernand.dabuet@dss.ca.gov *A CIVIL PENALTY IS BEING ISSUED TODAY*

		Section Cited			

	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

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: Janae Hammond
NAME OF LICENSING PROGRAM ANALYST: Ernand Dabuet
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/20/2025