

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603310
Report Date: 03/04/2025
Date Signed: 03/04/2025 03:04:12 PM

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

FACILITY NAME: MIRACLE MILE MANOR RCFE	FACILITY NUMBER: 198603310
ADMINISTRATOR/NAGEL, EDITH	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 6273 DEL VALLE DRIVE	TELEPHONE: (323) 807-0549
CITY: LOS ANGELES	STATE: CA
CAPACITY: 6	ZIP CODE: 90048
TYPE OF VISIT: Required - 1 Year	CENSUS: 3
	DATE: 03/04/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 12:50 PM
MET WITH: Edith Nagel, Administrator	TIME VISIT/INSPECTION
	COMPLETED: 03:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Sparkle Day conducted an unannounced visit to the above facility. The
2	purpose of today's visit was to conduct the one-year inspection. LPA met with Edith Nagel ,
3	Administrator and the purpose of the visit was discussed. Facility is licensed to serve (6) non-
4	ambulatory residents age 60 and over of which (1) maybe bedridden. The facility has an approved
5	hospice waiver for (2) residents. One (1) resident is diagnosed with dementia, (1) resident is receiving
6	home health and (1) resident is receiving hospice care services. The facility does not handle any of the
7	residents' money.
8	
9	This home is a single story home consisting of: (5) resident bedrooms, (4) bathrooms, living room,
10	dining room, kitchen, laundry area (located in the kitchen) and an outdoor shaded patio area. There is
11	an gated pool in the backyard. LPA toured the Resident bedrooms had the required furniture, bed linens
12	and closet/drawer space to accommodate each resident comfortably. Resident bathrooms were
13	checked. Toilets and water faucets worked properly, grab bars were secure, shower was free of
14	mold/mildew and a non-skid mat was in place, water temperature measured between 111F. Resident
15	bath towels, toiletries and personal hygiene supplies were adequately stocked. Common areas were
16	clean and clear of hazards; doorways were free of obstructions.
17	
18	Kitchen was checked and observed to be within Title 22 regulations. Perishable and non-perishable food
19	supply was checked. All cleaning solutions, hazardous items, and medications were securely locked and
20	inaccessible to residents. Smoke detectors were working properly and fire extinguisher was fully
21	charged. Carbon monoxide detector was operational. First Aid kit was available. Outside grounds were
22	toured and no bodies of water were observed. Walkways around the home were clear of hazards. There
23	are no security bars or weapons on the premises.
24	
25	During today's visit LPA did not observe any deficiencies.

Exit interview conducted with Edith Nagel, Administrator. A copy of this report was provided at time of visit.

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond

NAME OF LICENSING PROGRAM ANALYST: Sparkle Day

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/04/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.