

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603676
Report Date: 09/01/2026
Date Signed: 09/01/2026 04:09:50 PM

COMPREHENSIVE INSPECTION

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
FACILITY EVALUATION REPORT	

FACILITY NAME:	FELSON BOARD AND CARE	FACILITY NUMBER:	198603676
ADMINISTRATOR/TANGONAN, MARIA ISABEL DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	13639 FELSON STREET	TELEPHONE:	(562) 307-7668
CITY:	CERRITOS	STATE: CA	ZIP CODE: 90703
CAPACITY: 6		CENSUS: 6	DATE: 09/01/2026
TYPE OF VISIT:	Annual/Random	UNANNOUNCEDTIME VISIT/INSPECTION	01:30 PM
MET WITH:	Assistant Administrator Connie Duldulao	BEGAN: TIME VISIT/INSPECTION	04:14 PM
		COMPLETED:	

NARRATIVE	
1	On 9/01/2026, Licensing Program Analyst(s) (LPA) Jewel Baptiste conducted an unannounced annual visit at Felson Board and Care. LPA Baptiste met with DSP Jocelyn Lanorias and explained the reason for the visit. Assistant Administrator Connie Duldulao arrived at 20 minutes and further assisted with the visit.
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7	The facility is licensed to serve age range 60 and over. Fire clearance was approved for six (6) non-ambulatory, of which one (1) may be bedridden. Bedrooms two (2) and three (3) are allowed one (1) non-ambulatory each. Bedroom one (1) is allowed two (2) non-ambulatory. Bedroom four (4) is allowed 1 non-ambulatory and 1 bedridden. Hospice waiver for six (6). The facility is a single-story home, located in a residential area. It consists of 3-resident bedroom, 1-resident bedroom with bathroom, 1 staff bedroom, 1 resident bathroom, 1 dining room, 1 living room with non-working fireplace, kitchen, a garage, and a backyard. The facility has delayed egress system in place.
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18	(CONTINUED LIC 809C)
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DATE: 09/01/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/01/2026

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 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: FELSON BOARD AND CARE	FACILITY NUMBER: 198603676
	VISIT DATE: 09/01/2026

NARRATIVE	
1	LPA Baptiste conducted a tour of the facility with Assistant Administrator and
2	observed the following: Facility is clean and in good repair indoors and outdoors.
3	Kitchen is clean, sharps were locked and inaccessible to residents. Fire extinguisher
4	observed in hallway, garage charged and updated. The cleaning supplies were
5	locked under kitchen sink and garage. Sufficient food supplies were observed, at
6	least 2 days of perishables and 7 days of non-perishables. (3) Resident's bedrooms
7	were observed with sufficient lighting, furniture, and bedding supplies. (2) Resident
8	bathrooms were observed in working conditions with grab bars, and skid mats. The
9	water temperature was tested between 111.6 -111.7, which is within the required
10	105-120 degrees F. The dining room and living room were observed with sufficient
11	sitting area. Smoke/Carbon monoxide detectors were tested and in working
12	condition. The garage contained storage supplies, washer and dryer, PPE's, water,
13	toiletries, emergency food, and small storage room. Backyard were observed with
14	covered sitting area.
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19	The facility does not have any large body of water. Last emergency drill was
20	conducted on 06/01/2026. LPA Baptiste reviewed medication and files for 6
21	residents. Each resident file reviewed has all the required documentation. Staff files
22	were reviewed for (3) staff and they have all the required documentation. An
23	administrator certificate was reviewed for Isabel Tangonan exp: 12/30/27.
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26	Per California Code of Regulations, Title 22, and California Health and Safety Code,
27	there were no deficiencies observed during the visit. Exit interview was held and a
28	copy of the report was provided to the Assistant Administrator.
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NAME OF LICENSING PROGRAM MANAGER: Lisa Hicks	
NAME OF LICENSING PROGRAM ANALYST: Jewel Baptiste	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/01/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/01/2026