

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603697
Report Date: 12/17/2024
Date Signed: 12/17/2024 02:07:56 PM

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

FACILITY NAME: CERRITOS CHRISTIAN HOME	FACILITY NUMBER: 198603697
ADMINISTRATOR/TRICE, THOMAS	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 12033 CAMINO VALENCIA	TELEPHONE: (562) 397-2591
CITY: CERRITOS	STATE: CA ZIP CODE: 90703
CAPACITY: 6	CENSUS: 4 DATE: 12/17/2024
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION 12:08 PM
	BEGAN: TIME VISIT/INSPECTION 02:20 PM
MET WITH: Caregiver Kyla Togle	COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) Christian Gutierrez conducted an unannounced annual inspection
2	using the Compliance and Regulatory Enforcement (CARE) tools. LPA was met by Caregiver Kyla Togle
3	approximately 2:00PM and explained reason for visit. Administrator Thomas Trice arrived later.
4	
5	Facility is licensed to serve six (6) residents over 60 years old five (5) can be non-ambulatory one (1)
6	bedridden in room #4. Hospice waiver approved for five (5). The facility is in a residential area, and it is
7	a one-story family home. A tour of the single-story facility included the living room, kitchen, dining room,
8	four (4) resident bedrooms, one (1) staff room, 2 bathrooms, front yard, backyard, attached garage.
9	
10	LPA toured the facility and observed the following: Each resident's bedroom has the required furniture
11	and bedding. There is extra clean linen and towels in hallway cabinet. Smoke / carbon monoxide
12	detectors were observed in each room and throughout the facility and are properly operating. The facility
13	has one (1) fully charged fire extinguishers which is kept in kitchen. Cleaning supplies and toxic
14	substances are inaccessible locked in cupboards in kitchen. Freezers are maintained at a temperature
15	of 0-degree F and the refrigerators at a maximum of 40 degrees F. Sufficient supply of 2 days perishable
16	& 7 days non-perishable foods was observed in the kitchen. There are no firearms or weapons stored at
17	the facility. The hot water temperature in the bathrooms were measured between the required range of
18	105-120 degrees F. Bathrooms had required grab bars and nonskid mats. The facility does not have a
19	swimming pool or bodies of water on the premises There is a shaded seating area for the residents
20	located in the backyard. Passageways and exits are free of obstruction. Garage has an extra refrigerator
21	and supplies.
22	
23	SEE LIC 809C
24	
25	

Tony Vasallo

Christian Gutierrez



DATE: 12/17/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/17/2024

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
MONTEREY PARK ASC, 1000 CORPORATE CNTR
DR. ST 500
MONTEREY PARK, CA 91754

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CERRITOS CHRISTIAN HOME

FACILITY NUMBER: 198603697

VISIT DATE: 12/17/2024

NARRATIVE

1 Three (3) staff files were reviewed and included Criminal clearance record, CPR/training, and health
2 screening with TB. Four (4) client files were reviewed and included physicians report, TB clearance, and
3 appraisal needs and service plan. Last fire/earthquake drill was conducted in September of 2024.
4 Infectious control plan was reviewed. Three (3) residents were interviewed. Four (4) client medications
5 were reviewed. Medications are centrally stored and locked.
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7 No deficiency was observed during today's visit. Exit interview was conducted with Administrator Trice
8 and a copy of report was provided.
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SUPERVISOR'S NAME: Tony Vasallo

LICENSING EVALUATOR NAME: Christian Gutierrez

LICENSING EVALUATOR SIGNATURE:

DATE: 12/17/2024

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/17/2024