

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 198603697

Report Date: 10/18/2025

Date Signed: 10/20/2025 01:42:51 PM

Document Has Been Signed on 10/20/2025 01:42 PM - It Cannot Be Edited

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 NAME:	CERRITOS CHRISTIAN HOME	FACILITY NUMBER:	198603697
ADMINISTRATOR/TRICE, THOMAS		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(562) 397-2591
ADDRESS:	12033 CAMINO VALENCIA	STATE: CA	ZIP CODE: 90703
CITY:	CERRITOS	CENSUS: 5	DATE: 10/18/2025
CAPACITY:	6	UNANNOUNCED TIME VISIT/	
TYPE OF VISIT:	Required - 1 Year	INSPECTION	12:02 PM
		BEGAN:	
MET WITH:	Thomas Trice Administrator	TIME VISIT/	
		INSPECTION	02:25 PM
		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 Claude
3	Anino at approximately 12:00 PM and explained reason for visit. Administrator Thomas Trice arrived
4	later.
5	
6	Facility is licensed to serve six (6) residents over 60 years old, five (5) can be non-ambulatory one (1)
7	bedridden in room #4. Hospice waiver approved for five (5). The facility is in a residential area, and it is
8	a one-story family home. A tour of the single-story facility included the living room, kitchen, dining room,
9	four (4) resident bedrooms, one (1) staff room, 2 bathrooms, front yard, backyard, and attached garage.
10	
11	LPA toured the facility and observed the following: Each resident's bedroom has the required furniture
12	and bedding. There is extra clean linen and towels in hallway cabinet. Smoke / carbon monoxide
13	detectors were observed in each room and throughout the facility and are properly operating. The facility
14	has one (1) fully charged fire extinguishers which is kept in kitchen. LPA observed cleaning supplies,
15	toxic substances, and knives accessible unlocked in cupboards in kitchen. Freezers are maintained at a
16	temperature of 0-degree F and the refrigerators at a maximum of 40 degrees F. Sufficient supply of 2
17	days perishable & 7 days non-perishable foods was observed in the kitchen. There are no firearms or
18	weapons stored at the facility. The hot water temperature in the bathrooms were measured between the
19	required range of 105-120 degrees F. Bathrooms had required grab bars and nonskid mats. The facility
20	does not have a swimming pool or bodies of water on the premises There is a shaded seating area for
21	the residents located in the backyard. Passageways and exits are free of obstruction. Garage has an
22	extra refrigerator and supplies.
23	
24	SEE LIC 809C
25	

**NAME OF LICENSING PROGRAM MANAGER:** David Sicairos  
**NAME OF LICENSING PROGRAM ANALYST:** Christian Gutierrez

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 10/18/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 10/18/2025

**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  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION MONTEREY PARK ASC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
--	--

**FACILITY NAME:** CERRITOS CHRISTIAN HOME

**FACILITY NUMBER:** 198603697

**VISIT DATE:** 10/18/2025

<b>NARRATIVE</b>	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>Four (4) staff files were reviewed and included Criminal clearance record, CPR/training, and health screening with TB. Five (5) resident files were reviewed and included physicians report, TB clearance, and appraisal needs and service plan. Last fire/earthquake drill was conducted in September of 2025. Infectious control plan was reviewed. Two (2) residents and one (1) staff were interviewed. Resident medications were reviewed, and no discrepancies were found. Medications are centrally stored.</p> <p>Per California Code of Regulations, Title 22, and California Health and Safety Code, the deficiencies observed during the visit are documented on the LIC 809D. Exit interview was held and a copy of the report along with appeal rights were provided.</p>

<b>NAME OF LICENSING PROGRAM MANAGER:</b> David Sicairos	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Christian Gutierrez	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 10/18/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 10/18/2025
---	-------------------------

**Document Has Been Signed on 10/20/2025 01:42 PM - It Cannot Be Edited**

**Created By: Christian Gutierrez On 10/18/2025 at 02:03 PM**  
**Link to Parent Document Below:**

# FACILITY EVALUATION REPORT (Cont)

**FACILITY NAME:** CERRITOS CHRISTIAN HOME

**FACILITY NUMBER:** 198603697

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 10/18/2025

## DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type A	Section Cited	CCR	87309(a)
--------	---------------	-----	----------

### Storage Space and Access

(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage.


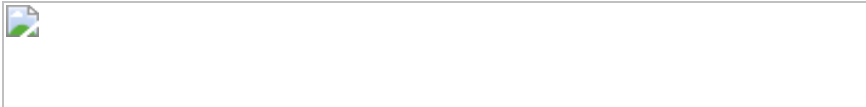
This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on observation], the licensee did not comply with the section cited above LPA observed two unlocked cabinets in kitchen containing knives and cleaning supplies which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
<b>POC Due Date:</b> 10/12/2025	
Plan of Correction	
1	Caregivers locked cabinets at time of visit. Administrator will conduct in service training and send log to LPA by POC due date.
2	
3	
4	

Section Cited
---------------

Deficient Practice Statement	
1	
2	
3	
4	
<b>POC Due Date:</b>	
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.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	David Sicairos
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Christian Gutierrez
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 10/18/2025
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 10/18/2025