

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603717
Report Date: 11/01/2024
Date Signed: 11/01/2024 12:40:50 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: DOWNEY CHRISTIAN HOME	FACILITY NUMBER: 198603717
ADMINISTRATOR/TRICE, LIZA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 8800 DALEN STREET	TELEPHONE: (562) 397-2591
CITY: DOWNEY	STATE: CA
CAPACITY: 6	ZIP CODE: 90242
TYPE OF VISIT: Prelicensing	CENSUS: 0
	DATE: 11/01/2024
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 09:57 AM
MET WITH: Administrator Liza Trice	TIME VISIT/INSPECTION
	COMPLETED: 12:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Tyler Reyes conducted a pre-licensing visit. LPA met with applicant
2	Administrator Liza Trice. An intial application was submitted to Community Care Licensing Department
3	(CCL) for an Residential Facility for the Elderly age range 60 and over. Approved for six (6) non-
4	ambulatory. Hospice waiver granted for five (5). The physical plant was toured with Administrator Liza.
5	
6	The following areas were inspected during the tour of the physical plant with Administrator Liza:
7	Common areas, living room, dining room, kitchen, laundry room, three (3) shared resident bedrooms,
8	two (2) restrooms, staff office, family room, front yard, and backyard. Resident bedrooms have the
9	required furniture with sufficient closet space. Restrooms were clean, toilets and water faucets worked
10	properly and included all functional fixtures such as secure grab bars. Shower were free of mold/mildew
11	and non-skid mat in place. Water temperature was measured in restroom #1 at 106.8 degrees F and
12	restroom #2 measured at 106.3 degrees F. which meets Title 22 Regulations. A locked storage area for
13	central storage of medication were observed. The walls, ceilings, floors, and areas around the facility
14	were clean and in good repair. Fire extinguisher was observed in the facility. All appliances in kitchen
15	were observed to be clean and operational. The sharp knives are in a locked cabinet that is inaccessible
16	to residents. Smoke detectors and carbon monoxide detector were observed throughout the facility and
17	operable. Doors, exits, hallways, and passageways were clear and free of obstruction. The backyard
18	has a shaded area. The home does not have a pool or any large bodies of water. All necessary postings
19	were observed to be posted in appropriate places. A current disaster and mass casualty plan is
20	maintained at the facility. An operating telephone was observed on the premises, which is easily
21	accessible and available for resident use. First aid kit were observed which included all required
22	supplies.
23	
24	(Continued LIC 809-C)
25	

Tyler Reyes



DATE: 11/01/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/01/2024

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: DOWNEY CHRISTIAN HOME

FACILITY NUMBER: 198603717

VISIT DATE: 11/01/2024

NARRATIVE

1 No outstanding or pending items were observed by LPA requiring additional pre-licensing visits. LPA will
 2 notify the assigned Centralized Applications Bureau (CAB) Analyst of the completed pre-licensing facility
 3 evaluation visit conducted, which included the Component III Orientation.
 4
 5 Per Administrator Liza the insurance company will not provide Liability Insurance until licensed. LPA
 6 Reyes advised Administrator Liza once Liability Insurance is obtained to forward document to CAB
 7 analyst. LPA Reyes informed Administrator Liza that once licensed facility is required to have a current
 8 Liability Insurance document or will be subjected to citation.
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 10 Exit interview conducted and a copy of this report was provided to Administrator Liza
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SUPERVISOR'S NAME: Fernando Fierros

LICENSING EVALUATOR NAME: Tyler Reyes

LICENSING EVALUATOR SIGNATURE:

DATE: 11/01/2024

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/01/2024