

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603717
Report Date: 11/13/2025
Date Signed: 11/13/2025 02:27:18 PM

Document Has Been Signed on 11/13/2025 02:27 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: 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: Required - 1 Year	CENSUS: 6
	DATE: 11/13/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 11:46 AM
MET WITH: ESTEFANY SANCHEZ CAREGIVER	TIME VISIT/INSPECTION
	COMPLETED: 02:40 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Christian Gutierrez conducted the annual inspection using the
2 Compliance and Regulatory Enforcement (CARE) tools. LPA met Caregiver Estafany Sanchez at
3 approximately 11:45 AM and explained reason for visit. Assistant Administrator Thomas Trice arrived
4 shortly.
5
6 The facility is a single-story home located in a residential area in Downey, Ca. A tour of the facility
7 includes: 2 living rooms, dining room, kitchen, laundry area, 2 bathrooms (1 is designated for staff), 3
8 client bedrooms, 1 staff bedroom, detached garage, front yard, and backyard with shaded patio.
9
10 LPA toured the facility and observed the following: Each resident bedroom has the required furniture and
11 bedding. Extra linen was observed in hallway storage cabinet. The Smoke detectors and carbon
12 monoxide detectors were observed throughout the facility and are properly operating. The facility has
13 one (1) fully charged fire extinguishers which is kept in kitchen area. Cleaning supplies and toxic
14 substances were observed to be inaccessible in a locked cabinet in laundry area knives were locked
15 under kitchen sink. Freezers are maintained at a temperature of 0-degree F and the refrigerators at a
16 maximum of 40 degrees F. Facility was observed to have sufficient supply of 7 days non-perishable
17 foods. Facility did not have enough 2-day perishable foods for six (6) residents. LPA observed resident's
18 medication was not locked in refrigerator. There are no firearms or weapons stored at the facility. The
19 hot water temperature in the bathrooms were measured between the required range of 105-120 degrees
20 F. The resident bathrooms have the required grabs bars and non-skid mats. The facility does not have a
21 swimming pool or bodies of water on the premises There is a shaded seating area for the residents in
22 backyard. Passageways and exits are free of obstruction.
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: 11/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 11/13/2025

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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

Document Has Been Signed on 11/13/2025 02:27 PM - It Cannot Be Edited

Created By: Christian Gutierrez On 11/13/2025 at 02:03 PM
Link to Parent Document Below:

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754</p>
---	---

FACILITY NAME: DOWNEY CHRISTIAN HOME
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 198603717
VISIT DATE: 11/13/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87555(b)(26)	
--	---------------	----------------------	------------	---------------------	--

General Food Service Requirements

(b) The following food service requirements shall apply: (26) Supplies of nonperishable foods for a minimum of one week and perishable foods for a minimum of two days shall be maintained on the premises.

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 facility did not have enough 2 day perishable food such as fresh meats, fruits and vegetables for 6 residents which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 11/14/2025
	Plan of Correction
1	Assistant Administrator had food delivered at time of visit. Deficiencies cleared at time of visit.
2	
3	
4	


	Type A	Section Cited	CCR	87465(h)(2)	
--	---------------	----------------------	------------	--------------------	--

Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

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 medication was observed in refrigerator not locked and inaccessible to residents at time of visit which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 11/14/2025
	Plan of Correction
1	Caregiver removed medication to a locked box in garage refrigerator. Assistant Administrator will go over training with staff and send log to LPA by POC due date.
2	
3	
4	

NAME OF LICENSING PROGRAM MANAGER:	David Sicairos
NAME OF LICENSING PROGRAM ANALYST:	Christian Gutierrez
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 11/13/2025


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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 11/13/2025

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

FACILITY NAME: DOWNEY CHRISTIAN HOME **FACILITY NUMBER:** 198603717
VISIT DATE: 11/13/2025

NARRATIVE	
1	Four (4) staff files were reviewed and included criminal clearance record, and health screening with TB.
2	Six (6) resident files were reviewed and included physician reports and appraisal needs and service
3	plan. Fire/earthquake drill was conducted in September of, 2025. The medications are centrally stored
4	and locked in a cabinet in living room. LPA reviewed medications for four (4) residents, and they are
5	being administered as prescribed by the physician. Mar log is being used.
6	
7	Per California Code of Regulations, Title 22, and California Health and Safety Code, there was
8	deficiencies observed during the visit (Refer to LIC 809-D). Exit interview held and a copy of the report
9	and appeal rights were provided.
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER:	David Sicairos
NAME OF LICENSING PROGRAM ANALYST:	Christian Gutierrez
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 11/13/2025

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

