



County of Los Angeles Fire Department

Form 484 Emergency Business Information

Fire Station: 060 2300 27TH ST SIGNAL HILL, CA 90755

Phone: 562-595-1620 Fax: 562-988-3624

Occupant/Facility Information

* **Location Name:** COLE VOCATIONAL SERVICES

DBA: ADULT DAY CARE FACILITY **#Employees:** 16

Previous Occ: HARPER AND TWO SALES **#Students:** 30

HHMDID:

Phone: 562-912-7340 **Ext:**

Fax: 562-912-7342

Sr. Person Name: ANIECE JOHNSON

Title: DIRECTOR

Email: ANIECE.JOHNSON@SEVITAHEALTH.COM

Inspection Detail Information

Insp Date:

Shift/Insp.ID:

Insp Type:

Insp Result:

Inspector Name:

Insp Notes / 410 Violations:

Year: 2024

Record#: 93763

Previous Inspection Listing

Date	Insp	Result	Inspection Type	Inspected By
11/6/2024	34F	FAIL	ANNUAL	MARTINEZ
Note:	5 YEAR SPRINKLER CERT EXPIRED.			

Property Address

* **Street Address:** 2798 N JUNIPERO AVE

* **City/State/Zip:** SIGNAL HILL, CA 90755

Mailing Address

* **Street Address:** 2798 N JUNIPERO AVE

* **City/State/Zip:** SIGNAL HILL, CA 90755

Additional Information

Note:

Alarm Company Information

Alarm Co: AZTEC FIRE & SECURITY **Phone:** 877-253-7106

Property Owner Information

Property Owner:

Phone:

Street Address:

City/State/Zip:

Building Information

* **Responsibility:** SIS **Sector/Drawer:** 6

* **Fire Station:** 060 *** Insp Freq:** ANNUAL

* **Occ Code:** I4 - CUSTODIAL CARE FACILITIES >6 PERSONS <24 HOURS

Roof Type:

Knox Box Location:

Hazmat:

SQFT: *** Stories:** 1

* **Sprinklered:** YES *** Basement:** NO

5 Yrs Sprinklered/ Cert Expiration: 06/2024

* **Target Haz:** NO

* **Fire Permit:** NO *** HM Handler:** NO

FDC Location:

Property Use Code/Description

* **PUC:** ADULT DAY CARE - 2541

PUD: ADULT DAY HEALTHCARE - 1320

Attachment B

Emergency Contact Information

	First Name	Last Name	Title	1st Phone	2nd Phone
1st Contact:	ANIECE	JOHNSON	DIRECTOR	310-308-2676	
2nd Contact:	BERNICE	BAILEY	SUPERVISOR	562-544-8275	



County of Los Angeles Fire Department

Form 484 Emergency Business Information

3rd Contact: IFE

JAMES

MAINT.

215-869-1010



County of Los Angeles Fire Department

Form 484 Emergency Business Information

Fire Station: 060 2300 27TH ST SIGNAL HILL, CA 90755

Phone: 562-595-1620 Fax: 562-988-3624

Occupant/Facility Information

* **Location Name:** COURTYARD CARE CENTER

DBA: #**Employees:** 18

Previous Occ: #**Students:**

HHMDDID:

Phone: 562-494-5188 **Ext:**

Fax: 562-494-8758

Sr. Person Name: JONAH BAGSIC

Title: ADMINISTRATOR

Email: JBAGSIC@COURTYARDCARECENTER.COM

Inspection Detail Information

Insp Date:

Shift/Insp.ID:

Insp Type:

Insp Result:

Inspector Name:

Insp Notes / 410 Violations:

Year: 2024

Record#: 85536

Previous Inspection Listing

Date	Insp	Result	Inspection Type	Inspected By
4/9/2024	B	PASS	ANNUAL	BAUER

Note:

Property Address

* **Street Address:** 1880 N DAWSON AVE

* **City/State/Zip:** SIGNAL HILL, CA 90755

Mailing Address

* **Street Address:** 1880 N DAWSON AVE

* **City/State/Zip:** SIGNAL HILL, CA 90755

Additional Information

Note: 59 BEDS

Alarm Company Information

Alarm Co: **Phone:**

Property Owner Information

Property Owner: NORTH AMERICAN HEALTHCARE

Phone: 949-240-2423

Street Address:

City/State/Zip: MISSION VIEJO, CA 92690

Building Information

* **Responsibility:** SIS **Sector/Drawer:** 6

* **Fire Station:** 060 *** Insp Freq:** ANNUAL

* **Occ Code:** I2 - NON-AMBULATORY / BEDRIDDEN

Roof Type: FLAT; CONVENTIONAL

Knox Box Location: FRONT GATE

Hazmat:

SQFT: 20,000 *** Stories:** 1

* **Sprinklered:** YES *** Basement:** NO

5 Yrs Sprinklered/ Cert Expiration: 12/22

* **Target Haz:** NO

* **Fire Permit:** NO *** HM Handler:** NO

FDC Location: ON 19TH

Property Use Code/Description

* **PUC:** HOSPITAL: MEDICAL - 3310

PUD: SKILLED NURSING - 2073

Emergency Contact Information

	First Name	Last Name	Title	1st Phone	2nd Phone
1st Contact:	JONAH	BAGSIC	ADMINISTRATOR	562-494-5188	562-810-5215
2nd Contact:	MIGUEL	NAVARETTA	MAINT MGR	562-606-4602	
3rd Contact:					



County of Los Angeles Fire Department

Form 484 Emergency Business Information

Fire Station: 060 2300 27TH ST SIGNAL HILL, CA 90755

Phone: 562-595-1620 Fax: 562-988-3624

Occupant/Facility Information

* **Location Name:** DUNGARVIN

DBA: _____ **#Employees:** _____

Previous Occ: VACANT **#Students:** _____

HHMDID: _____ **Ext:** _____

Phone: _____ **Fax:** _____

Sr. Person Name: _____

Title: _____

E-Mail: _____

Inspection Detail Information

Insp Date: _____ **Year:** **2024**

Shift/Insp.ID: _____ **Record#:** **93040**

Insp Type: _____

Insp Result: _____

Inspector Name: _____

Insp Notes / 410 Violations: _____

Previous Inspection Listing

Date	Insp	Result	Inspection Type	Inspected By
5/12/2023	C	PASS	BIENNIAL	GUETZKOW

Note: _____

Property Address

* **Street Address:** 695 E 27TH ST

* **City/State/Zip:** SIGNAL HILL, CA 90755

Mailing Address

* **Street Address:** 695 E 27TH ST

* **City/State/Zip:** SIGNAL HILL, CA 90755

Building Information

* **Responsibility:** FS060 **Sector/Drawer:** 1

* **Fire Station:** 060 *** Insp Freq:** BIENNIAL

* **Occ Code:** B - BUSINESS; OFFICE

Roof Type: _____

Knox Box Location: _____

Hazmat: _____

SQFT: _____ *** Stories:** 1

* **Sprinklered:** NO *** Basement:** NO

5 Yrs Sprinklered/ Cert Expiration: 0

* **Target Haz:** NO

* **Fire Permit:** NO *** HM Handler:** NO

FDC Location: _____

Additional Information

Note: _____

Alarm Company Information

Alarm Co: _____ **Phone:** _____

Property Owner Information

Property Owner: _____

Phone: _____

Street Address: _____

City/State/Zip: _____

Property Use Code/Description

* **PUC:** VACANT - 9300

PUD: _____

Emergency Contact Information

	First Name	Last Name	Title	1st Phone	2nd Phone
1st Contact:	OLLIE	MARTIN	MGR	323-500-3654	
2nd Contact:					
3rd Contact:					



County of Los Angeles Fire Department

Form 484 Emergency Business Information

Fire Station: 060 2300 27TH ST SIGNAL HILL, CA 90755

Phone: 562-595-1620 Fax: 562-988-3624

Occupant/Facility Information

* **Location Name:** SIGNAL HILL CHILD DEVELOPMENT

DBA: #**Employees:** 14

Previous Occ: #**Students:** 81

HHMDDID:

Phone: 562-989-5766 **Ext:**

Fax: 562-989-5416

Sr. Person Name: DR. FARAH KHALEGHI

Title: EXECUTIVE DIRECTOR

E-Mail:

Property Address

* **Street Address:** 2399 N CALIFORNIA AVE

* **City/State/Zip:** SIGNAL HILL, CA 90755

Mailing Address

* **Street Address:** 2399 N CALIFORNIA AVE

* **City/State/Zip:** SIGNAL HILL, CA 90755

Additional Information

Note:

Alarm Company Information

Alarm Co: **Phone:**

Property Owner Information

Property Owner: LAS BRIAS COMMUNITY HOUSING

Phone: 562-989-9994

Street Address: 2399 CALIFORNIA AVE SUITE C

City/State/Zip: SIGNAL HILL, CA 90755

Property Use Code/Description

* **PUC:** SCHOOL: PRIVATE, PRESCHOOL - 2425

PUD:

Emergency Contact Information

	First Name	Last Name	Title	1st Phone	2nd Phone
1st Contact:	LAURA	SIDNEY	MANAGER	213-999-9727	
2nd Contact:	KIM	JACKSON	MGR	562-277-6602	
3rd Contact:					

Inspection Detail Information

Insp Date:

Shift/Insp.ID:

Insp Type:

Insp Result:

Inspector Name:

Insp Notes / 410 Violations:

Year: 2024

Record#: 92318

Previous Inspection Listing

Date	Insp	Result	Inspection Type	Inspected By
10/2/2024	C	PASS	ANNUAL	HARDIE

Note:

Building Information

* **Responsibility:** FS060 **Sector/Drawer:** 1

* **Fire Station:** 060 *** Insp Freq:** ANNUAL

* **Occ Code:** E - EDUCATION/DAYCARE USE THROUGH 12TH GRADE

Roof Type: FLAT; CONVENTIONAL

Knox Box Location: YES. AT FRONT OFFICE

Hazmat:

SQFT: *** Stories:** 1

* **Sprinklered:** NO *** Basement:** NO

5 Yrs Sprinklered/ Cert Expiration: N/A

* **Target Haz:** NO

* **Fire Permit:** NO *** HM Handler:** NO

FDC Location:



County of Los Angeles Fire Department

Form 484 Emergency Business Information

Fire Station: 060 2300 27TH ST SIGNAL HILL, CA 90755

Phone: 562-595-1620 Fax: 562-988-3624

Occupant/Facility Information

* Location Name: UNLIMITED QUEST & CALIFORNIA MENTOR

DBA: #Employees:

Previous Occ: UNLIMITED QUEST #Students:

HHMDID:

Phone: 562-595-0730 Ext:

Fax:

Sr. Person Name:

Title:

EMail:

Inspection Detail Information

Insp Date: Year: **2024**

Shift/Insp.ID: Record#: **93903**

Insp Type:

Insp Result:

Inspector Name:

Insp Notes / 410 Violations:

Previous Inspection Listing

Date	Insp	Result	Inspection Type	Inspected By
9/24/2024	B	PASS	BIENNIAL	CASELLI

Note:

Property Address

* Street Address: 3350 N OLIVE AVE

* City/State/Zip: SIGNAL HILL, CA 90755

Mailing Address

* Street Address: 3350 N OLIVE AVE

* City/State/Zip: SIGNAL HILL, CA 90755

Additional Information

Note:

Alarm Company Information

Alarm Co: SAFE T Phone: 866-689-0599

Property Owner Information

Property Owner:

Phone:

Street Address:

City/State/Zip:

Building Information

* Responsibility: FS060 Sector/Drawer: 2

* Fire Station: 060 * Insp Freq: BIENNIAL

* Occ Code: U - UTILITY AND MISCELLANEOUS

Roof Type:

Knox Box Location:

Hazmat:

SQFT: * Stories: 1

* Sprinklered: NO * Basement: NO

5 Yrs Sprinklered/ na Cert Expiration:

* Target Haz: NO

* Fire Permit: NO * HM Handler: NO

FDC Location:

Property Use Code/Description

* PUC: SCHOOL: ADULT - 2410

PUD:

Emergency Contact Information

	First Name	Last Name	Title	1st Phone	2nd Phone
1st Contact:	JOSIE	SANTOS		818-913-6382	
2nd Contact:	ALEXIS	NISHIMOTO	MGR	310-803-0340	
3rd Contact:					