

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 191201867
Report Date: 09/10/2026
Date Signed: 09/10/2026 03:39:17 PM

COMPREHENSIVE INSPECTION

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME:	EISENBERG VLG OF THE LA JEWISH HOME FOR THE AGING	FACILITY NUMBER:	191201867
ADMINISTRATOR/GLASS, KATHLEEN K. DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	18855 VICTORY BOULEVARD	TELEPHONE:	(818) 774-3000
CITY:	RESEDA	STATE: CA	ZIP CODE: 91335
CAPACITY: 271		CENSUS: 77	DATE: 09/10/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	BEGAN: 10:53 AM
MET WITH:	Kathleen Glass - Executive Director	TIME VISIT/ INSPECTION	03:50 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Quoc Huynh arrived unannounced at 10:53AM for a required one-year
2	visit. The LPA met with the Executive Director (ED) Kathleen Glass and explained the reason for the
3	visit. Entrance interview conducted.
4	
5	At 11:21AM, the LPA, Administrative Assistant, and Social Services Staff toured the physical plant areas
6	inside and outside to ensure there are no health and safety hazards and facility is in compliance with
7	Title 22 Regulations. The following was observed:
8	
9	RESIDENT ROOMS: The LPA observed eight (8) randomly selected rooms on the first and second
10	floors and no immediate health or safety hazards were observed. Appropriate furniture and sufficient
11	lighting were observed in each unit. Restrooms were clean, with properly installed grab-bars in resident
12	bathrooms and non-skid strips in shower tubs. Water temperature was tested throughout the units and
13	measured between 106.2 degrees F and 110.8 degrees F, which is within the required range. Although
14	actively working on the replacement, the facility has not successfully replaced residents' call light system
15	as it has been inoperable since approximately end of May 2026. On 07/28/2026, the facility was issued
16	a substantiated complaint allegation as a technical violation. The ED stated the process is still under
17	review.
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19	Report Continued on LIC 809-C
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DATE: 09/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/10/2026

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.

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Created By: Quoc Huynh On 09/10/2026 at 02:36 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: EISENBERG VLG OF THE LA JEWISH HOME FOR THE AGING **FACILITY NUMBER:** 191201867

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 09/10/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type B 09/25/2026 Section Cited CCR 87303(i)(1)	1	(1) All facilities licensed for 16 or more	1	The Licensee will provide CCLD with
	2	and all residential facilities having	2	their contracted vendor by POC due
	3	separate floors or buildings shall have a	3	date and provide a reasonable
	4	signal system which shall:	4	estimation of the call light system
	5		5	installation completion date.
	6	This requirement was not met as	6	
	7	evidenced by:	7	
	8	Based on interview and observation,	8	
	9	the licensee did not comply with the	9	
	10	above section in the facility's signal	10	
	11	system has been inoperable for	11	
	12	approximately 4 months which poses a	12	
	13	potential healthy, safety, and personal	13	
	14	rights risk to persons in care.	14	
Type B 09/25/2026 Section Cited CCR87463(a)	1	(a) The pre-admission appraisal... shall	1	The Licensee will complete a full audit
	2	be updated, in writing as frequently as	2	to ensure compliance and provide
	3	necessary or once every 12 months,	3	CCLD with the 3 residents' reappraisals
	4	whichever occurs first...	4	by POC due date.
	5		5	
	6	This requirement was not met as	6	
	7	evidenced by:	7	
	8	Based on interview and record review,	8	
	9	the licensee did not comply with the	9	
	10	above section in residents' reappraisals	10	
	11	were not completed annually as	11	
	12	required which poses a potential health,	12	
	13	safety, and personal rights risk to	13	
	14	persons in care.	14	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST:	Quoc Huynh



DATE: 09/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/10/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: EISENBERG VLG OF THE LA JEWISH HOME FOR THE AGING

FACILITY NUMBER: 191201867

VISIT DATE: 09/10/2026

NARRATIVE	
1	COMMON AREAS: The facility had two (2) total floors with resident units, medication rooms, offices, lounges, and treatment rooms. Additional buildings contained resident recreation center, synagogue, dining area, kitchen, grab-n-go café, administrative offices, and medical clinic. The facility also shares outdoor space with Fountainview at Eisenberg Village and a Nursing School. LPA Huynh observed common areas to be clean, clear of obstructions/hazards, and furniture was in good condition with patios/courtyards providing shade for residents. Required postings were observed throughout the facility. There were no bodies of water observed during today's visit.
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NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/10/2026

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DATE: 09/10/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION
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FACILITY EVALUATION REPORT (Cont)

WOODLAND HILLS N.ASC, 21731 VENTURA
BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY NAME: EISENBERG VLG OF THE LA JEWISH
HOME FOR THE AGING

FACILITY NUMBER: 191201867

VISIT DATE: 09/10/2026

NARRATIVE	
1	INFECTION CONTROL/EMERGENCY DISASTER: The LPA reviewed the facility's Infection Control 2 Plan and Emergency Disaster Plan. LPA noted that the facility is in compliance with regulation with both 3 plans reviewed annually. There were fire extinguishers throughout the facility, which were serviced on 4 02/04/2026. The facility conducts emergency disaster drills as required, with the last drill documented on 5 08/30/2026. Fire alarm system is tested annually with the last inspection on 06/23/2026 by AB&A Fire 6 Protection. 7 8 MEDICATION: Medication review began at 12:54PM. The LPA reviewed medications for three (3) 9 residents. Medications were maintained inaccessible to residents in the medication room located on the 10 first and second floor. Resident medications reviewed were documented and stored in compliance with 11 regulation at this time. Per the LVN and Med-Techs, the facility has not been maintaining centrally stored 12 records for routine medications per the pharmacy's advisement and only utilizes the pharmacy provided 13 Medication Administration Record (MAR). The MAR contained most of the required information, and the 14 LPA advised the facility to ensure that all medications are documented on a centrally stored medication 15 and destruction record and reviewed for accurate information. 16 17 Pursuant to Title 22 CA Code of Regulations and/or the Health and Safety Code, the following 18 deficiencies were cited (Refer to LIC 809-D). 19 20 Exit interview conducted. A copy of the appeal rights and report was reviewed and provided. 21 22 23 24 25 26 27 28 29 30 31 32
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NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh LICENSING PROGRAM ANALYST SIGNATURE: <div>DATE: 09/10/2026</div>	
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