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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 191222083
Report Date: 07/28/2026
Date Signed: 07/28/2026 03:15:25 PM

Document Has Been Signed on 07/28/2026 03:15 PM **- It Cannot Be Edited**

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

FACILITY NAME:	LIGHTHOUSE, THE		FACILITY NUMBER:	191222083
ADMINISTRATOR/ DIRECTOR:	GABRIELA VISOVAN		FACILITY TYPE:	740
ADDRESS:	10406 MAGNOLIA BLVD.		TELEPHONE:	(818) 766-3764
CITY:	TOLUCA LAKE	STATE: CA	ZIP CODE:	91601
CAPACITY: 49		CENSUS: 23	DATE:	07/28/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:31 AM
MET WITH:	Gabriela Visovan		TIME VISIT/ INSPECTION COMPLETED:	03:30 PM

NARRATIVE

Licensing Program Analyst (LPA) Trevor Byrne arrived at the facility unannounced to conduct the required annual visit at 09:31 AM. LPA met with facility staff who contacted the Administrator Gabriela Visovan. The Administrator arrived to the facility at 10:06 AM. Entrance interview was conducted and the reason for the visit was explained.

Beginning at 10:08 AM, the LPA, along with facility Administrator toured the physical plant areas inside and outside to ensure there are no health and safety hazards and that facility is in compliance with Title 22 Regulations. The following was observed:

COMMON AREAS: This included the activity room, hallway, and dining room areas. LPA observed the activity room to be clean and properly furnished at the time of the visit. The common activity room contained a television and activities for resident use. The dining room contained adequate seating for resident use. Cameras were observed in the common areas and hallways throughout the facility. LPA observed the hallway to contain a dry food storage closet, the locked medication room, the Administrator's office, a common resident bathroom, and a shower room. Additionally the hallway was observed to contain the activity calendar, emergency exit sketches, and other required postings. The LPA observed fire extinguishers throughout the facility to be fully charged and last serviced on 02/18/2026. Smoke detectors and carbon monoxide detectors were last tested on 07/26/2026 and were functional at the time of the test.

BEDROOMS: There are twenty-seven (27) bedrooms in the facility; all are designated for resident use. LPA and facility Administrator toured ten (10) resident rooms. All viewed resident rooms were observed to be furnished appropriately with clean linens, appropriate furnishings and sufficient lighting.

CONTINUED ON LIC 809C.

Kasandra Lopez
Trevor Byrne

	**DATE:** 07/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	**DATE:** 07/28/2026

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.

FACILITY NAME: LIGHTHOUSE, THE **FACILITY NUMBER:** 191222083

VISIT DATE: 07/28/2026

NARRATIVE

BATHROOMS: Each bedroom in the facility has an attached private resident bathroom. Additionally, there is a shared resident bathroom and a shared shower room located in the hallway of the facility. LPA and Administrator observed ten (10) private resident bathrooms and the shared resident bathroom. Bathrooms were observed to be clean and in good repair and all were equipped with nonskid surfaces. Grab bars were observed next to all toilets and in all showers and all were properly secured. The water temperature was measured to be between 108.1 and 118.4 degrees Fahrenheit, which is in compliance with regulation.

KITCHEN: The LPA observed the kitchen area to be clean and inaccessible to clients in care. Kitchen appliances appeared to be in operable condition. The facility had a sufficient supply of two (2) days' perishable and seven (7) days non-perishable food. The facility had an adequate supply of emergency food and water.

OUTDOOR SPACE: LPA observed the outdoor area to have sufficient space for outdoor activities. The patio was observed to contain adequate patio furniture including shaded tables and chairs for residents' use. The patio of the facility contained a small water fountain. LPA observed a locked laundry room and a locked storage room. The facility had an emergency exit gate, LPA observed clear passageways for emergency exit use.

RECORD REVIEW: Record review began at 10:53 AM. Staff and resident records were reviewed for documents including, but not limited to: health screening, TB test, staff training records, fingerprint clearance, resident physician's report, needs and service appraisal, consent forms, and personal rights. Five (5) staff files were reviewed. All staff files contained the required documents and trainings. Five (5) resident files were reviewed. All resident files reviewed contained all required documentation and signatures. No deficiencies were observed during record review.

MEDICATION REVIEW: Medication review began at approximately 12:20 PM. Medications are stored centrally and securely in the medication room. Medications for five (5) residents were observed. All medications reviewed were documented properly on their centrally stored medication and destruction record sheet. No deficiencies were observed during medication review.

CONTINUED ON LIC 809C.

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST: Trevor Byrne
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 07/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/28/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY NAME: LIGHTHOUSE, THE **FACILITY NUMBER:** 191222083

NARRATIVE

INFECTION CONTROL/EMERGENCY DISASTER PLANNING: During today's visit, the LPA reviewed the facility's infection control practices and the facility's emergency disaster plan. The facility's policies and procedures as they pertain to infection control are adequate. The last emergency disaster drill was conducted 06/17/2026. The facility's emergency disaster plan is up to date and adequate. Both the infection control plan and emergency disaster plan are reviewed/updated annually by the facility's Administrator.

INTERVIEWS: LPA interviewed three (3) staff and three (3) residents. All residents stated that staff treat them well and are attentive to their needs. Residents interviewed did not have concerns with the quality of care they received at the facility. All staff interviewed were knowledgeable on their roles and responsibilities, the residents' rights, the different forms of abuse, and the appropriate reporting procedures for suspected abuse.

During today's visit LPA obtained a copy of the facility's updated emergency disaster plan, current liability insurance, employee roster, and resident roster.

No deficiencies were observed during today's inspection. Exit interview conducted and a copy of the report was provided.

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST: Trevor Byrne
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 07/28/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/28/2026