

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 191222083

Report Date: 08/20/2025

Date Signed: 08/20/2025 01:17:35 PM

COMPREHENSIVE INSPECTION

Document Has Been Signed on 08/20/2025 01:17 PM - It Cannot Be Edited

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:	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
CAPACITY:	49	ZIP CODE:	91601
TYPE OF VISIT:	Case Management - Annual Continuation	CENSUS:	24
MET WITH:	Gabriela Visovan	DATE:	08/20/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	11:16 AM
		TIME VISIT/INSPECTION COMPLETED:	01:30 PM


NARRATIVE

1 Licensing Program Analyst (LPA) Trevor Byrne arrived at the facility unannounced to conduct a
2 continuation of the required annual visit at 11:16 AM. LPA met with the facility staff who contacted the
3 Administrator Gabriela Visovan. The Administrator arrived to the facility at approximately 11:45 AM
4 entrance interview conducted and the reason for the visit was explained. The following was observed:
5
6 **RECORD REVIEW:** Record review began at approximately 11:35 AM. Staff and resident records were
7 reviewed for documents including, but not limited to: health screening, TB test, staff training records,
8 fingerprint clearance, resident physician's report, needs and service appraisal, consent forms, and
9 personal rights. Five (5) staff files were reviewed. All staff files contained the required documents and
10 trainings. Five (5) resident files were reviewed. All resident files reviewed contained all required
11 documentation and signatures. No deficiencies were observed during record review.
12
13 **MEDICATION REVIEW:** Medication review began at 12:59 AM. Medications are stored centrally and
14 securely in the medication room. Medications for five (5) residents were observed. All medications
15 reviewed were documented properly on their centrally stored medication and destruction record sheet.
16 No deficiencies were observed during medication review.
17
18 **INFECTION CONTROL/EMERGENCY DISASTER PLANNING:** During today's visit, the LPA reviewed
19 the facility's infection control practices and the facility's emergency disaster plan. The facility's policies
20 and procedures as they pertain to infection control are adequate. The last emergency disaster drill was
21 conducted 06/10/2025. The facility's emergency disaster plan is up to date and adequate. Both the
22 infection control plan and emergency disaster plan are reviewed/updated annually by the facility's
23 Administrator.
24
25 No deficiencies were cited at the time of the visit. 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: 08/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/20/2025

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