

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 191802082
Report Date: 10/07/2025
Date Signed: 10/07/2025 05:00:23 PM

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

FACILITY NAME:	SOLHEIM SENIOR COMMUNITY	FACILITY NUMBER:	191802082
ADMINISTRATOR/MEG PIERCE		FACILITY TYPE:	741
DIRECTOR:			
ADDRESS:	2236 MERTON AVENUE	TELEPHONE:	(323) 257-7518
CITY:	LOS ANGELES	STATE: CA	ZIP CODE: 90041
CAPACITY: 126		CENSUS: 86	DATE: 10/07/2025
TYPE OF VISIT:	Case Management - Annual Continuation	UNANNOUNCEDTIME VISIT/INSPECTION	10:15 AM
		BEGAN:	
MET WITH:	Samuel Oden, Chief Executive Officer (CEO), Mike Gonzalez, Assistant Administrator and Shelia Lucas, Wellness Manager	TIME VISIT/INSPECTION	05:10 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Antonia Alvizar-Ettima conducted unannounced Case Management
2	Annual Continuation visit to the facility. LPA met with Assistant Administrator, CEO, Wellness Manager
3	and explained the reason for the visit. LPA informed Assistant Administrator that this visit was conducted
4	to complete Required 1 year inspection initiated on 05/07/2025.
5	
6	During this visit at about 10:45a.m., LPA, Assistant Administrator, Wellness Manager toured the physical
7	plant areas inside and outside to ensure there are no health and safety hazards in the facility. LPA
8	utilized the Compliance and Regulatory Enforcement (CARE) tools for the visit today and observed the
9	following:
10	
11	Kitchen: is observed to be clean and sanitary. Sharps are stored in the kitchen area, inaccessible to
12	residents at all times. Toxins, cleaning solutions, soap are locked in closet. Food: LPA observed at least
13	two (02) days perishable and seven (07) days non-perishable food at the facility that is properly stored.
14	Frozen foods are wrapped and stored properly as well. Food storage and preparation areas are clean.
15	Laundry Room: LPA observed several washer and dryer machines located in the basement of the
16	facility. LPA observed laundry room to be clean and clear from obstruction. Laundry soap, toxins and
17	cleaning supplies are stored and locked within the laundry room, inaccessible to residents.
18	
19	During the tour LPA interviewed nine (09) out of eight-six (86) randomly selected residents and
20	inspected their bedrooms and bathrooms at the time of this visit. Bedrooms were toured and observed
21	to be clean and properly furnished with appropriate dresser, beddings, and linens with sufficient lighting.
22	Linen storage was also checked and observed to have ample supply of clean linen, comforters, and
23	towels in facility. Bathrooms were observed to be clean, sanitary and with necessary supplies. The
24	appropriate grab bars
25	
Cont. on LIC 809-C	

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
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NAME OF LICENSING PROGRAM ANALYST: Antonia Alvizar-Ettima
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/07/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/07/2025

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

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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FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: SOLHEIM SENIOR COMMUNITY

FACILITY NUMBER: 191802082

VISIT DATE: 10/07/2025

NARRATIVE	
1	Cont from LIC 809
2	
3	and mats in the shower. Hot water temperature measured at a range of 110.3°F to 118.0°F and within
4	the required range. Residents' personal hygiene supplied are kept in their personal space. Towels and
5	washcloths are not shared. Medication was observed to be locked in med rooms and inaccessible to
6	residents in care. LPA observed main lobby area closed with a temporary wall due to alterations
7	including drywalling, electrical work, flooring and wall removal. Surrounding Grounds The front
8	grounds of the facility are well landscaped. All passageways and stairways were observed to be clear
9	from obstruction. In the front entrance of the facility there is a covered porch area with benches for
10	lounging. No bodies of water were observed on the premises.
11	
12	Pursuant to Title 22 Division 6 of the CA Code of Regulations, deficiencies observed cited on LIC809-D
13	during the visit.
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15	Exit Interview Conducted / A Copy of the Report was provided to Assistant Administrator.
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NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan	
NAME OF LICENSING PROGRAM ANALYST: Antonia Alvizar-Ettima	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 10/07/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 10/07/2025
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

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

FACILITY NAME: SOLHEIM SENIOR COMMUNITY

FACILITY NUMBER: 191802082

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/07/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87305(a)	
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Alterations to Existing Building or New Facilities (a) Prior to construction or alterations, all facilities shall obtain a building permit.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation and interviews with Assistant Administrator and Chief Executive Officer, LPA observed main lobby area closed with a temporary wall due to alterations including drywalling, electrical work, flooring and wall removal. The licensee did not provide a building permit as required under this regulation which poses a potential health, safety or personal rights risk to persons in care.
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3	
4	
	POC Due Date: 10/21/2025
	Plan of Correction
1	The licensee shall submit verification of an approved building permit and ensure that all future construction or alterations are conducted in compliance with Title 22, Section 87305(a). Proof of compliance shall be submitted to the CCLD by the POC due date.
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3	
4	

	Type B	Section Cited	CCR	87303(a)	
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87303 Maintenance and Operation

(a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.

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 by not providing provision of maintenance during construction explaining how they are going to protect the safety and well-being of residents, employees and visitor which poses a potential health, safety or personal rights risk to persons in care.
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3	
4	
	POC Due Date: 10/21/2025
	Plan of Correction
1	The licensee shall submit verification of residents accommodations and notification of construction. Proof of compliance shall be submitted to the CCLD by the POC due date.
2	
3	
4	

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:	Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST:	Antonia Alvizar-Ettima
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 10/07/2025

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

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