

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 195850091
Report Date: 08/12/2026
Date Signed: 08/12/2026 05:55:14 PM

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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: PRESERVE AT WOODLAND HILLS, THE		FACILITY NUMBER:	195850091
ADMINISTRATOR/SUSAN WEISBARTH		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	6221 FALLBROOK AVENUE	TELEPHONE:	(747) 226-5834
CITY:	WOODLAND HILLS	STATE: CA	ZIP CODE: 91367
CAPACITY: 60	CENSUS: 50	DATE:	08/12/2026
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED	TIME VISIT/INSPECTION	09:49 AM
MET WITH: Susan Weisbarth		BEGAN: TIME VISIT/INSPECTION	06:05 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analysts (LPAs) Angela Barutyan and Quoc Huynh conducted an unannounced		
2	Case Management - Incident visit at 09:49 AM. The purpose of this visit was to conduct an investigation		
3	regarding a self-reported incident that occurred on 08/01/2026. LPAs met with Executive Director (ED)		
4	Susan Weisbarth and explained the reason for the visit.		
5			
6	During today's visit, LPAs conducted a physical plant tour to ensure there are no immediate health and		
7	safety hazards, conducted interviews with three (3) staff members, and reviewed and obtained copies of		
8	pertinent documents.		
9			
10	On 08/10/2026, the Department received an incident report stating that on 08/01/2026 around 06:30		
11	PM, Resident #1 (R1) eloped through their bedroom window. R1 refused dinner that evening and		
12	returned to their room. Caregivers and front desk staff continued routine monitoring throughout the		
13	evening. During safety checks, the receptionist observed that R1's bedroom window was open. Staff		
14	searched R1's room, the facility, and the surrounding grounds but were unable to locate R1. The facility		
15	proceeded to call 9-1-1 to report R1 missing and law enforcement responded and initiated a search.		
16	R1's responsible party was also notified of the incident. While searching the surrounding neighborhood,		
17	a bystander reported seeing the resident walking with a shopping cart in the area. Staff continued the		
18	search and located R1 lying on the ground near a small market approximately 0.4 miles away from the		
19	facility. Law enforcement and Emergency Medical Services (EMS) responded to the location, assessed		
20	the resident, and transported R1 to the hospital for further medical evaluation. It was reported that R1		
21	was out of the community for approximately forty-five (45) minutes. Staff interviews stated that R1 did		
22	not have any visible injuries or reported falls; however, R1 refused water and may have been		
23	dehydrated. Report Continued on LIC809-C.		
24			
25			

Kristin Heffernan
Angela Barutyan

DATE: 08/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/12/2026

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.

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

FACILITY NAME: PRESERVE AT WOODLAND HILLS, THE

FACILITY NUMBER: 195850091

VISIT DATE: 08/12/2026

NARRATIVE	
1	At 10:38 AM, LPAs conducted a tour of the facility. LPAs observed R1's room at 10:42 AM. Windows
2	were screened and no immediate health and safety hazards were observed or noted. Staff indicated that
3	R1 has the cognitive capacity to move furniture and bypass the window stoppers in order to remove the
4	window screen and exit to the facility parking lot. R1 is no longer residing at the facility and LPAs
5	observed R1's room free of belongings.
6	
7	LPAs interviewed staff who stated that R1 had previously exhibited exit-seeking behavior. R1 attempted
8	to exit through their bedroom window on 06/30/2026 but staff prevented R1 before they could get out
9	through the window. Record review also indicates that R1 exhibited exit-seeking behavior on 07/31/2026
10	by attempting to exit the facility through the front entrance. Staff redirected R1 and prevented R1 from
11	exiting unassisted. LPAs reviewed R1's physician's report signed and dated 06/30/2026 which
12	documents that R1 is unable to leave the facility unassisted. Staff stated that R1's responsible party was
13	notified and the option to move R1 to a bedroom with a window facing the facility's enclosed outdoor
14	courtyard was provided, which they declined. Staff also stated that R1 would regularly express that they
15	wanted to leave the facility. Interviews confirmed that facility staff were aware of R1's exit-seeking
16	behavior.
17	
18	The following deficiency was observed (See LIC 9099-D) and cited from the California Code of
19	Regulations, Title 22 and/or California Health and Safety Code. Administrator was informed that failure
20	to correct the deficiency may result in civil penalties.
21	
22	An additional report may follow if warranted.
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24	Exit interview conducted. Appeal rights and a copy of the report were provided.
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NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan	
NAME OF LICENSING PROGRAM ANALYST: Angela Barutyan	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/12/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/12/2026

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** PRESERVE AT WOODLAND HILLS, THE**FACILITY NUMBER:** 195850091**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 08/12/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/19/2026 Section Cited HSC 1569.312(a)	1569.312 Basic services requirements Every facility required to be licensed under this chapter shall provide at least the following basic services: (a) Care and supervision as defined in Section 1569.2. This requirement is not met as evidenced by:	Management stated that residents with exit-seeking behaviors will not be in rooms with windows leading outside of the facility. Management also stated that staff will get additional training to respond to the facility's Vigil signal system which notifies staff of restlessness. Proof of training and exit-
	Based on interview and record review, the licensee did not comply with the section cited above as R1 eloped from the facility while under the care of staff and was found away from the facility approximately 45 minutes later which poses a potential safety risk to clients in care.	seeking procedures will be sent to CCLD by due date.

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:	Angela Barutyan
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 08/12/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 08/12/2026