

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 195850120
Report Date: 01/06/2026
Date Signed: 01/06/2026 02:01:25 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: ADVANCED HOME CARE SENIOR LIVING		FACILITY NUMBER:	195850120
ADMINISTRATOR/SANTOS, CATHERINE		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	5826 JUMILLA AVE	TELEPHONE:	(818) 340-4652
CITY:	WOODLAND HILLS	STATE: CA	ZIP CODE: 91367
CAPACITY: 6	CENSUS: 5	DATE:	01/06/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	10:35 AM
MET WITH: Catherine Santos		BEGAN: TIME VISIT/INSPECTION	02:10 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Angela Barutyan arrived at the facility unannounced to conduct a		
2	required annual visit at 10:35AM. LPA was greeted at the door by staff and the reason for the visit was		
3	explained. Administrator Catherine Santos arrived at the facility at 11:04AM. Entrance interview		
4	conducted.		
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6	At 11:05AM, the LPA along with the Administrator toured the physical plant areas inside and outside to		
7	ensure there are no health and safety hazards and facility is in compliance with Title 22 Regulations.		
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9	KITCHEN: The LPA inspected the kitchen/food service area at 11:05AM. Kitchen appliances appeared		
10	clean and were in operable condition at the time of the visit. The facility had a sufficient supply of		
11	perishable and non-perishable food. Food labels were inspected and checked for expiration dates and		
12	food labels had expiration date clearly marked. Knives and chemicals were locked inaccessible in		
13	kitchen drawer and cabinet. Fire extinguishers were fully charged and last serviced 08/15/2025.		
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15	BEDROOMS: There are six (6) bedrooms total of which four (4) are for single resident-use, one (1) is		
16	for shared resident-use, and one (1) is for staff-use. LPA observed resident bedrooms to be furnished		
17	appropriately with clean linens, appropriate furnishings, and sufficient lighting. Staff room was observed		
18	locked.		
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20	RESTROOMS: There are four (4) restrooms of which two (2) are shared between resident rooms and		
21	two (2) are in the hallway. Restrooms were clean, sanitary, and in operating condition with grab bars and		
22	slip-resistant surfaces. Hot water temperatures were measured in restrooms and were between 107.2-		
23	108.1 degrees F, which is within the required range.		
24			
25	Report Continued on LIC 809-C		

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST: Angela Barutyan

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/06/2026

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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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ADVANCED HOME CARE SENIOR LIVING FACILITY NUMBER: 195850120
VISIT DATE: 01/06/2026

NARRATIVE		
1	COMMON AREAS: At the time of the visit, living room and dining room furniture were observed to be in good condition. The facility maintained a comfortable temperature. At 11:29AM, smoke detector(s), carbon monoxide detector, and fire doors were tested and were operational at the time of the visit. Auditory exit alarms were functioning at the time of the visit. LPA observed required postings throughout the common spaces.	
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7		OUTDOOR AREA: LPA observed the back and front patio which has a covered outdoor area for resident use. There is a gate on the side of the house designated for an emergency exit. The property is gated. Passageways were free and clear from obstruction. There are no bodies of water on the premises. There are two (2) locked storage sheds. The property has an ADU behind the facility.
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12		RECORD REVIEW: Beginning at 11:35AM, LPA reviewed five (5) out of five (5) resident files and four (4) personnel files for documents including but not limited to: medical records, care plans, resident Admission Agreement, TB test, health screening, staff training and fingerprint clearance. All resident and personnel files were in order. During the visit, LPA obtained copies of valid liability insurance, LIC 500, and resident roster.
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18		MEDICATION REVIEW: At 01:12PM, LPA reviewed medications for two (2) residents. Medications are centrally stored and locked in the kitchen. All medications including PRNs were labeled, stored, and locked inaccessible to residents. PRNs have physicians order on file. Medications are labeled and checked for expiration dates. Medications are properly documented on the centrally stored medications and destruction record. No errors observed during the medication review.
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24		INFECTION CONTROL/EMERGENCY DISASTER PLANNING: During today's visit, LPA reviewed the facility's infection control policy as well as the emergency disaster plan. The facility's policies and procedures as it pertains to infection control are adequate. Emergency disaster plan is updated annually as required. Emergency drills are conducted quarterly as is required, with the last drill conducted on 08/06/2025. Administrator stated a drill for the current quarter will be conducted.
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30		No deficiencies cited at this time. Exit interview conducted. A copy of the report was issued.
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NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan	
NAME OF LICENSING PROGRAM ANALYST: Angela Barutyan	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/06/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/06/2026