

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 195850252
Report Date: 06/16/2026
Date Signed: 06/16/2026 04:02:12 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: FALLBROOK ELDERLY CARE LLC		FACILITY NUMBER:	195850252
ADMINISTRATOR/HOWE, MARY ANN		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	5515 FALLBROOK AVENUE	TELEPHONE:	(818) 712-0904
CITY:	WOODLAND HILLS	STATE: CA	ZIP CODE: 91367
CAPACITY: 6		CENSUS: 5	DATE: 06/16/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	11:00 AM
MET WITH: Mary Ann Howe		BEGAN: TIME VISIT/INSPECTION	04:10 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Angela Barutyan arrived at the facility unannounced to conduct a		
2	required annual visit at 11AM. LPA met with staff upon arrival and Administrator Mary Ann Howe who		
3	arrived at 11:30AM. Entrance interview conducted.		
4			
5	At 11:07AM, the LPA along with staff and Administrator, toured the physical plant areas inside and		
6	outside to ensure there are no health and safety hazards and facility is in compliance with Title 22		
7	Regulations.		
8			
9	KITCHEN: LPA inspected the kitchen/food service area at 11:07AM. Kitchen appliances appeared clean		
10	and were in operable condition at the time of the visit. The facility has a sufficient supply of perishable		
11	and nonperishable food. Food labels were inspected and checked for expiration dates and food labels		
12	had expiration date clearly marked. Knives and chemicals were locked and inaccessible in the cabinet		
13	under the sink.		
14			
15	BEDROOMS: There are five (5) bedrooms total; two (2) are private resident bedrooms, two (2) are		
16	shared-resident bedrooms, and one (1) is a staff room which is kept locked and inaccessible. Bedrooms		
17	#1, #3 and #5 have direct exits to the exterior. LPA observed resident bedrooms to be furnished		
18	appropriately with clean linens, appropriate furnishings, sufficient lighting, and equipped with functioning		
19	auditory exit alarms. LPA observed Resident #1 (R1) residing in Bedroom #5, however, R1's physician's		
20	report signed and dated 05/08/2025 marks R1 as bedridden, and the facility's fire clearance only clears		
21	Bedroom #1 for bedridden-use. Bedroom #5 does not have fire clearance for bedridden-use.		
22	Administrator stated that R1 can reposition and self-transfer, and Administrator will contact R1's		
23	physician to get an updated physician's report regarding R1's ambulatory status.		
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: 06/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/16/2026

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 COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: FALLBROOK ELDERLY CARE LLC	FACILITY NUMBER: 195850252
	VISIT DATE: 06/16/2026

NARRATIVE	
1	RESTROOMS: There are three (3) bathrooms for resident use; the full bathroom in the hallway is
2	designated for staff and guests. Resident Bedrooms #1 and #5 have an attached Jack and Jill
3	bathroom. Resident bedroom #3 has an attached bathroom for private use. Restrooms were clean,
4	sanitary, and in operating condition with grab bars and slip-resistant surfaces. Hot water in resident
5	restrooms measured between 105.3-105.6 degrees F, which is within the required range.
6	
7	COMMON SPACES/LAUNDRY: This includes the living room and dining room. At the time of the visit,
8	common seating area and dining room furniture was observed to be in good condition. Living room
9	contained a fireplace that was adequately screened. The LPA observed the required postings in the
10	common hallway. Fire extinguishers were fully charged and last serviced 05/19/2026. The facility smoke
11	alarm system is hard wired; the combination smoke and carbon monoxide detectors were tested at
12	11:46AM and were operable at the time of the visit. LPA observed the locked laundry unit in the hallway
13	which contained detergents inaccessible to residents.
14	
15	OUTDOOR AREA: The backyard has a covered outdoor area equipped with furniture for resident use.
16	There were no bodies of water on the premises. There is a self-latching gate on the side of the house
17	designated for an emergency exit. Passageways were free and clear from obstruction.
18	
19	MEDICATION REVIEW: At 11:22AM, LPA observed the medication refrigerator with a non-functional
20	lock and medications accessible to residents. Administrator secured the refrigerated medications during
21	the visit. At 11:50AM, LPA reviewed medications for two (2) residents. Medications are centrally stored
22	and locked in the hallway closet. All medications including PRNs were labeled, stored, and locked
23	inaccessible to residents. PRNs were properly documented and logged. At 11:55AM, LPA observed
24	Resident #2 (R2)'s melatonin tablets and calcium tablets logged on the centrally stored medications and
25	destruction record with missing start dates. Administrator corrected the start dates during the visit. LPA
26	observed Resident #3 (R3) with orders for insulin injections, but the injections are not pre-filled syringes
27	or self-administered pens. R3's physician's report signed and dated 08/27/2024 states that R3 can self-
28	administer injections but cannot prepare the syringe. Administrator confirmed that staff are filling the
29	syringes and LPA informed that only licensed medical professionals can fill the syringe. Administrator
30	stated that R3's home health nurse will pre-fill the syringes and Administrator will contact the prescribing
31	physician for insulin pens rather than syringes.
32	
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: 06/16/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/16/2026

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** FALLBROOK ELDERLY CARE LLC**FACILITY NUMBER:** 195850252**VISIT DATE:** 06/16/2026**NARRATIVE**

1 **RECORD REVIEW:** Beginning at 12:32PM, LPA reviewed five (5) out of five (5) resident files and four
2 (4) personnel files for documents including but not limited to: medical records, care plans, resident
3 Admission Agreement, TB test, health screening, staff training, first aid certification, and fingerprint
4 clearance. LPA observed five (5) out of five (5) resident files missing current reappraisals, four (4) out of
5 five (5) missing signed consent forms, one (1) out of five (5) missing a pre-placement appraisal, one (1)
6 out of five (5) missing a signed LIC601 ID form, and one (1) out of five (5) missing a completed property
7 and valuables form. Personnel files were complete and in compliance with Title 22 regulations at the
8 time of the visit.

10 **INFECTION CONTROL/EMERGENCY DISASTER PLANNING:** During today's visit, the LPA reviewed
11 the facility's infection control policy and emergency disaster plan. Emergency disaster plan is updated
12 annually as required and emergency disaster drills are conducted quarterly as is required, with the last
13 drill conducted on 03/12/2026. All documents reviewed were updated and in compliance.

15 The following deficiencies were observed (See LIC 809-D) and cited from the California Code of
16 Regulations, Title 22 and/or Health and Safety Code. Civil penalty was issued in the amount of \$500 for
17 fire clearance violation. Administrator was informed that failure to correct deficiencies may result in
18 additional civil penalties.

20 Exit interview was conducted. A copy of the report and appeal rights were provided.

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan**NAME OF LICENSING PROGRAM ANALYST:** Angela Barutyan**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 06/16/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 06/16/2026

LIC809 (FAS) - (06/04)

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Document Has Been Signed on 06/16/2026 04:02 PM - It Cannot Be Edited**Created By: Angela Barutyan On 06/16/2026 at 03:32 PM**
Link to Parent Document Below:**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** FALLBROOK ELDERLY CARE LLC**FACILITY NUMBER:** 195850252**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 06/16/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)****Type A****Section Cited****CCR****87202(a)****Fire Clearance**

(a) All facilities shall maintain a fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal. Prior to accepting or retaining any of the following types of persons, the applicant or licensee shall notify the licensing agency and obtain an appropriate fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation and record review, the licensee did not comply with the section cited above as Resident #1 is bedridden but resides in Bedroom #5 which does not have fire clearance for bedridden-use. This poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 06/17/2026
	Plan of Correction
1	Administrator stated they will contact R1's physician to update their ambulatory status as R1 is able to reposition and transfer. Administrator will send proof of contact to CCLD by the due date.
2	
3	
4	

		Section Cited			
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	Deficient Practice Statement
1	
2	
3	
4	
	POC Due Date:
	Plan of Correction
1	
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:	Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST:	Angela Barutyan
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/16/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
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Created By: Angela Barutyan On 06/16/2026 at 03:32 PM
Link to Parent Document Below:

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type B

Section Cited

CCR

87465(h)

Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored:

This requirement is not met as evidenced by:

Deficient Practice Statement

- 1 Based on observation, interview, and medication review, the licensee did not comply with the section
 2 cited above as refrigerated medications were accessible, two medications logged on the centrally stored
 3 medications and destruction record with missing start dates, and Resident #3 (R3) has orders for insulin
 4 injections, but the injections are not pre-filled syringes or self-administered pens and staff are filling the
 syringes instead of a licensed medical professional which poses a potential health, safety or personal
 rights risk to persons in care.

POC Due Date: 06/23/2026

Plan of Correction

- 1 Refrigerated medications were secured and made inaccessible during the visit. Administrator corrected
 2 the missing start dates on the CSMDR. Administrator stated R3's home health nurse will pre-fill the
 3 syringes and Administrator will contact the prescribing physician for insulin pens. Administrator will
 4 conduct a medication in-service training with all staff and will submit proof to CCLD by the due date.

Type B

Section Cited

CCR

87506(b)

Resident Records

(b) Each resident's record shall contain at least the following information:

This requirement is not met as evidenced by:

Deficient Practice Statement

- 1 Based on record review, the licensee did not comply with the section cited above as five out of five (5)
 2 resident files missing current reappraisals, four (4) out of five (5) missing signed consent forms, one (1)
 3 out of five (5) missing a pre-placement appraisal, one (1) out of five (5) missing a signed LIC601 ID
 4 form, and one (1) out of five (5) missing a completed property and valuables form which poses a
 potential health, safety or personal rights risk to persons in care.

POC Due Date: 06/23/2026

Plan of Correction

- 1 Administrator stated they will submit the updated and completed forms to CCLD by the 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: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Angela Barutyan

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/16/2026

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DATE: 06/16/2026