

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 197602998

Report Date: 01/08/2026

Date Signed: 01/08/2026 04:12:14 PM

Document Has Been Signed on 01/08/2026 04:12 PM - It Cannot Be Edited

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250<br>WOODLAND HILLS, CA 91364 |
| <b>FACILITY EVALUATION REPORT</b>                      |   |

|  |   |
|--|---|
| FACILITY NAME: ELLEE RESIDENTIAL CARE #2         | FACILITY NUMBER: 197602998                |
| ADMINISTRATOR/ELEANOR I POSNER<br>DIRECTOR:      | FACILITY TYPE: 740                        |
| ADDRESS: 11323 CALVERT ST                        | TELEPHONE: (818) 980-6040                 |
| CITY: NORTH HOLLYWOOD STATE: CA                  | ZIP CODE: 91606                           |
| CAPACITY: 6 CENSUS: 0                            | DATE: 01/08/2026                          |
| TYPE OF VISIT: Case Management - Other ANNOUNCED | TIME VISIT/INSPECTION BEGAN: 09:14 AM     |
| MET WITH: Eleanor Posner, Administrator          | TIME VISIT/INSPECTION COMPLETED: 04:20 PM |

| NARRATIVE |   |
|-----------|---|
| 1         | Licensing Program Analyst (LPA) Christine Yee conducted an announced case management visit to             |
| 2         | clear the facility after the facility conducted construction work due to damages caused by the electrical |
| 3         | fire in August 2025 and met with Eleanor Posner, Licensee. Also participating in today's visit were Marte |
| 4         | Galang, Administrator, Emilio Barrantes, Operations Manager and Alex Lenke, Chief Financial Officer.      |
| 5         |   |
| 6         | On today's visit, LPA Yee toured the 3 resident bedrooms, living room, dining room, kitchen, laundry      |
| 7         | room and the detached garage and the outside areas, front and back.                                       |
| 8         | The following was observed on today's visit:  |
| 9         |   |
| 10        | • The living room has a sofa with an attached chaise lounge for 3 residents and 2 Geri chairs. An         |
| 11        | additional chair is needed for sitting for the sixth resident. Located by the front door is a fire        |
| 12        | extinguisher serviced on 11/25/25   |
| 13        | • Located by the living room is an area designated as an office. It is equipped with a desk, a            |
| 14        | computer, printer, a locked cabinet for resident and staff files. Also stored in the office is the        |
| 15        | locked portable medication cart.  |
| 16        | • The dining room has a table and chairs for 6 residents.   |
| 17        | • The kitchen is equipped with a stove, refrigerator, dishwasher and a microwave. Pots, pans 4            |
| 18        | each of knives, spoons, teaspoon, dinner forks and dessert forks were observed. Additional forks          |
| 19        | are needed for 6 residents. Dinnerware and glasses for 6 residents were observed. Cups are                |
| 20        | needed for 6 residents. A K class fire extinguisher was observed by the stove and was serviced            |
| 21        | on 11/25/25. Sufficient perishable foods for a minimum of 2 days and non-perishable foods for a           |
| 22        | minimum of 7 days were on   |
| 23        |   |
| 24        |   |
| 25        | continued on LIC809-C   |

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| <b>NAME OF LICENSING PROGRAM MANAGER:</b> Kristin Heffernan |
| <b>NAME OF LICENSING PROGRAM ANALYST:</b> Christine Yee     |

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 01/08/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 01/08/2026

**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 III, 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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| <p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p> | <p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br/>         COMMUNITY CARE LICENSING DIVISION<br/>         WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250<br/>         WOODLAND HILLS, CA 91364</p> |
|---|--|

**FACILITY NAME:** ELLEE RESIDENTIAL CARE #2

**FACILITY NUMBER:** 197602998

**VISIT DATE:** 01/08/2026

| NARRATIVE             |  |
|-----------------------|--|
| 1                     | Page 2   |
| 2                     |  |
| 3                     |  |
| 4                     | <ul style="list-style-type: none"> <li>the premises after additional foods were purchased during the visit. The facility also has dehydrated foods as back Knives will be locked in the cabinet under the kitchen sink.</li> </ul>   |
| 5                     | <ul style="list-style-type: none"> <li>Bedroom #1 is furnished with 2 twin beds, 2 dressers, 2 portable closets, 2 night stands, 2 lamps and 2 folding chairs and a outside exit door. Linen on the beds were observed but there are no blankets. Extra sets of fitted sheet, flat sheet and a pillow cases were observed. The auditory device for the exit door was operational.</li> </ul>   |
| 6                     |  |
| 7                     |  |
| 8                     |  |
| 9                     |  |
| 10                    | <ul style="list-style-type: none"> <li>Bedroom #2 is furnished with 2 twin beds, 2 night stands, 2 folding chairs, 2 lamps, 1 dresser and 1 portable closet. Linens were observed on the bed except for blankets. Extra bedding to allow for changing were observed. 2 sets of towels consisting of a bath towel, hand towel and face towel were observed. The auditory device on the outside exiting door was operational</li> </ul>                              |
| 11                    |  |
| 12                    |  |
| 13                    |  |
| 14                    | <ul style="list-style-type: none"> <li>Bedroom #3 is furnished with 2 hospital beds equipped with half bed rails, 2 night stands, 2 lamps, 2 dressers, 2 portable closets and 2 folding chairs. The bed rails need to be removed if the resident utilizing the bed does not have a physician's order for the use of the bed rails. 2 sets of bath towel and 10 face sheets were observed. The auditory device of the outside exit door was operational.</li> </ul> |
| 15                    |  |
| 16                    |  |
| 17                    |  |
| 18                    |  |
| 19                    | <ul style="list-style-type: none"> <li>The private bathroom located between bedrooms #2 and bedroom #3 is equipped with a walk in shower, a toilet with a seat riser, a sink, a shower chair and grab bars. No slip resident mat was observed. The water temperature was tested and read 114.1 degrees Fahrenheit.</li> </ul>  |
| 20                    |  |
| 21                    |  |
| 22                    | <ul style="list-style-type: none"> <li>The common bathroom located next to bedroom #2 is equipped with a walk in shower, a toilet, shower chair and a sink. Grab bars were observed and no slip resistant mat was observed. The water temperature was tested and read 116.1 degrees Fahrenheit.</li> </ul>   |
| 23                    |  |
| 24                    |  |
| 25                    | <ul style="list-style-type: none"> <li>The laundry room was observed with a washer and dryer and laundry detergent and cleaning supplies will be stored in a locked cabinet. Staff added an auditory device to the outside exiting door during the visit.</li> </ul>   |
| 26                    |  |
| 27                    |  |
| 28                    |  |
| 29                    | <ul style="list-style-type: none"> <li>In addition to the fire extinguisher by the front door and in the kitchen, the facility has a fire extinguisher in the resident hallway, the laundry room and inside bedroom #3 also last inspected on 11/25/25</li> </ul>  |
| 30                    |  |
| 31                    |  |
| 32                    | <ul style="list-style-type: none"> <li>The hardwired smoke detectors located in all 3 resident bedrooms and the combination smoke/carbon monoxide detectors located in the resident hallway and living room were tested and were operational.</li> </ul>   |
| continued on LIC809-C |  |

|  |                                |
|--|--------------------------------|
| <p><b>NAME OF LICENSING PROGRAM MANAGER:</b> Kristin Heffernan</p> <p><b>NAME OF LICENSING PROGRAM ANALYST:</b> Christine Yee</p> <p><b>LICENSING PROGRAM ANALYST SIGNATURE:</b></p> | <p><b>DATE:</b> 01/08/2026</p> |
|--|--------------------------------|

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

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:** ELLEE RESIDENTIAL CARE #2

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**NARRATIVE**

1 Page 3  
 2  
 3

- 4 • All 3 bedrooms and kitchen exit doors lead out to ADA compliant ramps.
- 5 • A first aid kit was purchased during the visit. A tweezer, scissors and a thermometer was
- 6 observed. First aid manual was observed.
- 7 • The detached garage located in the back of the property is used primarily for storage of extra
- 8 items and chemicals and per staff the garage is kept closed at all times. The back door of the
- 9 garage is currently used to access the pool due to the locked gate from the pool side.
- 10 • Located in the back is a large empty pool that is sealed off with a five feet solid fence. Per the
- 11 Licensee, they are in the process of obtaining permits to remove the pool and looking into the
- 12 addition of a ADU. . The Operations Manager was advised that the Department must be notified
- 13 of any alterations or changes to the use of the facility premises prior to beginning any work.
- 14 • A table with chairs were observed adjacent to the garage and no umbrella for shade was
- 15 observed. It was recommended that the table and chairs currently set up on top of wood chips be
- 16 relocated to a more friendly surface for the residents use. The table and chairs were relocated
- 17 during the visit.
- 18 • The trash cans located in back were observed to be tightly sealed
- 19 • Trash, cardboard boxes, shower chairs, and all discarded item currently in the pool area needs to
- 20 be stored away or discarded.
- 21 • Water in the pool due to the rain needs to be drained to prevent the breeding of mosquitos.
- 22 • The front yard and sides of the home were clean and well maintained.
- 23
- 24
- 25

26 The following needs to be addressed by:

- 27
- 28 • additional seating in the living room
- 29 • additional flatware and cups are needed for 6 residents
- 30 • purchase additional blankets for resident use
- 31 • purchase slip resistant mats for the bathrooms
- 32 • add an auditory device in the laundry room
- remove the half bed rails in bedroom #3 or obtain physician's order for the use of the rail by the resident
- ensure required posters are in place
- discard or store the items observed in the pool are and do general cleaning and empty pool.
- purchase an umbrella for shade for outside activities.

Exit interview was conducted with Emilio Barrantes, Operations Manager.

**NAME OF LICENSING PROGRAM MANAGER:** Kristin Heffernan

**NAME OF LICENSING PROGRAM ANALYST:** Christine Yee

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 01/08/2026

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