

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197602998
Report Date: 04/21/2026
Date Signed: 04/21/2026 05:50:00 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:	ELLEE RESIDENTIAL CARE #2	FACILITY NUMBER:	197602998
ADMINISTRATOR/ELEANOR I POSNER		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	11323 CALVERT ST	TELEPHONE:	(818) 980-6040
CITY:	NORTH HOLLYWOOD	STATE: CA	ZIP CODE: 91606
CAPACITY: 6		CENSUS: 6	DATE: 04/21/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	01:37 PM
		BEGAN:	
MET WITH:	Eleanor Posner	TIME VISIT/INSPECTION	06:00 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Angela Barutyan arrived at the facility unannounced to conduct a required annual visit at 01:37PM. An annual inspection visit was attempted on 10/24/2025 at 10AM. LPA met with staff and Administrator Eleanor Posner who arrived at 04:04PM. Entrance interview conducted.
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5	Beginning at 01:42PM, LPA, along with staff, toured the physical plant areas inside and outside to ensure there are no health and safety hazards. The following was observed:
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8	KITCHEN: LPA observed the kitchen/dining area. Knives are stored in a locked kitchen cabinet. Kitchen appliances are in operable condition. The facility has a sufficient supply of perishable and non-perishable food. Fire extinguishers were fully charged and last serviced 11/25/2025.
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12	BEDROOMS: There are a total of three (3) shared resident bedrooms. LPA observed resident bedrooms to be furnished appropriately with clean linens, appropriate furnishings, and sufficient lighting. There is no staff bedroom on the premises.
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16	RESTROOMS: There are two (2) restrooms of which one (1) is attached and shared between Bedroom #2 and Bedroom #3 and one (1) is in the hallway. Restrooms were clean, sanitary, and in operating condition with grab bars and slip-resistant surfaces. Hot water temperatures were measured in restrooms and were between 105.6-115.9 degrees F, which is within the required range.
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20	COMMON AREAS: LPA observed living room and dining area to be clean and properly furnished. At 02:10PM, fire alarms/carbon monoxide detectors were tested and functioned properly. Night lights were present in the hallways and passages. All exits have functioning auditory devices. LPA observed required postings throughout the common spaces. Continued on LIC-809-C.
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NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST: Angela Barutyan

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/21/2026

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: ELLEE RESIDENTIAL CARE #2	FACILITY NUMBER: 197602998
	VISIT DATE: 04/21/2026

NARRATIVE	
1	LAUNDRY/STORAGE ROOM: Washer, dryer, and laundry supplies were observed inside the locked laundry/storage room by the kitchen, inaccessible to residents. Cleaning solutions, emergency food and water, and additional incontinent care supplies were observed in the storage area. OUTDOOR SPACE/GARAGE: LPA observed the back patio which has a covered outdoor area for resident use. Passageways were free and clear from obstruction. There is a locked and gated pool, inaccessible to residents. LPA observed the detached locked and inaccessible garage. The garage contains additional supplies, refrigerator, freezer, and laundry unit. MEDICATION REVIEW: At 02:13PM, LPA reviewed medications for two (2) residents. Medications are centrally stored in a locked filing cabinet in the living room. All medications including PRNs were labeled, stored, and locked inaccessible to residents. No errors observed during medication review. RECORD REVIEW: Beginning at 02:30PM, LPA reviewed six (6) out of six (6) 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. 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 was reviewed and updated during the visit. Emergency drills are conducted quarterly as required with the last drill conducted on 02/18/2026. 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: 04/21/2026
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FACILITY REPRESENTATIVE SIGNATURE:		DATE: 04/21/2026