

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197603296
Report Date: 09/03/2026
Date Signed: 09/03/2026 03:53:34 PM

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

FACILITY NAME:	FAIRWINDS - WEST HILLS	FACILITY NUMBER:	197603296
ADMINISTRATOR/DIRECTOR:	GINA ROZANER	FACILITY TYPE:	740
ADDRESS:	8138 WOODLAKE AVE	TELEPHONE:	(818) 713-0900
CITY:	WEST HILLS	STATE:	CA
CAPACITY:	130	ZIP CODE:	91304
TYPE OF VISIT:	Annual/Random	CENSUS:	130
		DATE:	09/03/2026
		UNANNOUNCED TIME VISIT/INSPECTION	10:00 AM
		BEGAN:	
MET WITH:	Gina Rozaner	TIME VISIT/INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE	
1	At approximately 10:00 a.m. on 09/03/26 Licensing Program Analyst (LPA) Nicholas Reed conducted an
2	unannounced annual visit. LPA met with the administrator and disclosed the reason for the visit.
3	
4	The facility was last visited on 07/21/26 for a complaint visit. It is a two story building with private
5	apartments, living rooms, shared and private dining rooms, activity rooms, card room, beauty salon, two
6	(02) gyms, four (04) laundry rooms, medication room, business offices, courtyards, and outdoor areas. It
7	has an approved fire clearance for 130 nonambulatory residents. Approved hospice waivers for 7.
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9	LPA reviewed staff and resident files at 10:10 a.m. All files were complete, current, and available for
10	audit. Additionally, LPA reviewed REG4 fire testing which was completed on 07/30/26 with all systems
11	passing, the certificate of liability insurance which is valid until 04/30/26, and a recent dietitian report
12	from 02/04/26.
13	
14	Around 11:00 a.m., LPA observed residents sitting in the front shaded area. The facility displayed
15	postings for confidential complaint contacts, facility sketch, facility license, emergency disaster plan,
16	rights of resident councils, weekly menu, and activity schedule. The reception area contained a sign-in
17	sheet for visitors and residents and a fully-stocked first aid kit.
18	
19	In the kitchen, LPA observed an adequate supply of perishable and non-perishable food. Around 11:15
20	a.m. LPA observed temperature logs for the refrigerator, freezer, and hot water for washing dishes. At
21	11:25 a.m. LPA measured the refrigerator and freezer temperatures to be 38 degrees Fahrenheit and 0
22	degrees Fahrenheit, respectively. Hoods were clean and free of debris. Appliances were functional. All
23	surfaces were sanitary. Dietary cards and preferences with resident photos, sanitation logs, and weekly,
24	daily, and alternative menus were posted.
25	

Naira Margaryan
Nicholas Reed

DATE: 09/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/03/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)
California Health & Human Services Agency

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California Department of Social Services

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 S.ASC, 21731 VENTURA BLVD., STE. 250
	WOODLAND HILLS, CA 91364

FACILITY NAME: FAIRWINDS - WEST HILLS

FACILITY NUMBER: 197603296

VISIT DATE: 09/03/2026

NARRATIVE	
1	The dining room had adequate seating. Furniture was clean and in good repair. Pastries, fruit, water, and beverages were available near the dining areas. Resident mailboxes were located near the dining area as well. A card room and lounge area contained reading materials, board games, video games, television, and puzzles. The medication room was locked and contained medication carts and medication refrigerators. At approximately 12:15 p.m. LPA measured the room temperature to be 74 degrees Fahrenheit. The facility has 115 apartments. Apartments range from studios to two-bedroom apartments. All bedrooms contained a chair, nightstand, lamp, storage, emergency call systems, and bed with adequate bedding. All furnishings were clean and in good condition. The Administrator and LPA inspected Room #141 and Room #243. Call system tests were conducted at 12:45 p.m. and 12:55 p.m. A caregiver responded to each request within four (04) minutes. Hot water temperatures in the room were measured at 12:50 p.m. and 1:00 p.m. to be 119.1 degrees Fahrenheit and 117.1 degrees Fahrenheit. Bathrooms contained liquid soap, paper towels, trash cans, grab bars near the toilet and shower, and emergency call systems. Four (04) laundry rooms were available for resident use. Each room has two (02) washers and two (02) dryers. All appliances were operational. Walls, floors, ceilings, windows, screens, and blinds were clean and in good repair. Two (02) out of two (02) elevators were operational with permits valid until 10/08/26. Six (06) out of six (06) emergency exit paths were free from obstructions. Between 11:30 a.m. and 1:30 p.m. LPA observed fully charged fire extinguishers near the lobby, in upstairs and downstairs hallways, and the kitchen. They were last inspected on 06/17/25 with tags attached. No immediate health or safety concerns observed during today's visit. Exit interview conducted. Copy of report provided.
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NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan	
NAME OF LICENSING PROGRAM ANALYST: Nicholas Reed	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/03/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/03/2026