

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 197603823

**Report Date:** 01/28/2026

**Date Signed:** 01/28/2026 01:57:50 PM

**Document Has Been Signed on** 01/28/2026 01:57 PM - **It Cannot Be Edited**

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

FACILITY NAME:	NORTH LAKE VILLAS INC.	FACILITY NUMBER:	197603823
ADMINISTRATOR/NOURIT BRAUN DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	2851 N. LAKE AVE	TELEPHONE:	(626) 398-8668
CITY:	ALTADENA	STATE: CA	ZIP CODE: 91001
CAPACITY:	30	CENSUS: 22	DATE: 01/28/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	BEGAN: 09:30 AM
MET WITH:	Office Assistant, Joel Schochet, Resident Care Coordinator/ Med-Tech, Roberto Mendez & Assistant Administrator Adam Braun	TIME VISIT/ INSPECTION	COMPLETED: 02:15 PM

### NARRATIVE

1 Licensing Program Analysts (LPAs) Antonia Alvizar-Ettima and Huma Rahimi conducted an  
2 unannounced annual inspection visit at this facility. LPAs met with staff Office Assistant and Office  
3 Assistant who called the Assistant Administrator and explained the reason for the visit. The Assistant  
4 Administrator arrived about thirty (30) minutes later and joined LPAs. LPAs utilized the Compliance and  
5 Regulatory Enforcement (CARE) tools for the visit today.  
6  
7 A tour of the physical plant was conducted at 10:10AM with Resident Care Coordinator/ Med-Tech and  
8 Assistant Administrator for compliance with safety, maintenance and operational requirements. The  
9 following was noted:  
10  
11 Facility is a single-story residence in a residential community. The facility has fifteen (15) bedrooms and  
12 nine (9) bathrooms in multiple interconnected residential type building. The facility is fire cleared for  
13 thirty (30) non-ambulatory residents, twenty-three (23) of which maybe bedridden in rooms 1 to 15.  
14 Hospice waiver for ten (10) residents.  
15  
16 Living and dining rooms furniture were checked. The living rooms were neat, clean and in proper order.  
17 The facility maintains a comfortable temperature at 74°F. The smoke/carbon monoxide detectors are  
18 dual hardwired interconnected and observed to be operational. Fire extinguishers are located all  
19 throughout the facility and last inspected on 12/30/25. The facility is equipped with sprinkler system. Fire  
20 inspection including alarms and full fire inspection was last done on 12/30/25. Passageways were  
21 observed to be clear from obstruction.  
22  
23 (Cont. on LIC 809-C)  
24  
25

**NAME OF LICENSING PROGRAM MANAGER:** Naira Margaryan  
**NAME OF LICENSING PROGRAM ANALYST:** Antonia Alvizar-Ettima

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 01/28/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 01/28/2026

**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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  COMMUNITY CARE LICENSING DIVISION  WOODLAND HILLS S.RO, 21731 VENTURA BLVD.,  STE. 250  WOODLAND HILLS, CA 91364</p>
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**FACILITY NAME:** NORTH LAKE VILLAS INC.

**FACILITY NUMBER:** 197603823

**VISIT DATE:** 01/28/2026

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>(Cont. from LIC 809)</p> <p>Laundry area is located in the lower level. Laundry detergents, cleaning agents and other toxins are stored in a locked cabinet inaccessible to the residents.</p> <p>The kitchen appeared to be clean and the appliances and fixtures functional. This kitchen is used to prepare and cook all meals for residents in care. LPAs observed a sufficient amount of perishable and non-perishable food at the facility; properly stored in the lower level area of the facility. Sharp objects are stored and locked in a drawer in the kitchen. The residents' rooms are adequately furnished with appropriate furniture and lighting system. Hallways/passageways are lit. The bathroom was checked for cleanliness and proper operation. LPA observed the appropriate grab bars in the showers and toilets. Residents have sufficient amounts of supplies for personal hygiene. The hot water was measured at 111. 7-degree Fahrenheit within title 22 regulations.</p> <p><b>Medications</b> were kept in a medication cart located in the medication room adjacent to the kitchen. The medications were observed to be locked and inaccessible to residents. There were two (2) complete first aid kits located in the medication room. The surrounding grounds (outdoors) were well landscaped and a covered patio with proper furniture for residents outdoor use. There are no bodies of water on the premises.</p> <p><b>Staff records</b> were reviewed. Staff present have criminal record clearances and associated to this facility. Staff records appear to be complete and current. <b>Resident records</b> were also reviewed and appeared to be complete and current.</p> <p>There is no health and safety issue observed during this visit. Exit interview conducted. A copy of this report was provided.</p>

<p><b>NAME OF LICENSING PROGRAM MANAGER:</b> Naira Margaryan  <b>NAME OF LICENSING PROGRAM ANALYST:</b> Antonia Alvizar-Ettima  <b>LICENSING PROGRAM ANALYST SIGNATURE:</b></p>	<p><b>DATE:</b> 01/28/2026</p>
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**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

<p><b>FACILITY REPRESENTATIVE SIGNATURE:</b></p>	<p><b>DATE:</b> 01/28/2026</p>
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