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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197603936
Report Date: 08/13/2026
Date Signed: 08/13/2026 02:07:19 PM

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

FACILITY NAME:	JUST LIKE HOME		FACILITY NUMBER:	197603936
ADMINISTRATOR/ DIRECTOR:	ALEXSANDRA VARTAPETOVA		FACILITY TYPE:	740
ADDRESS:	12521 KILLION STREET		TELEPHONE:	(818) 769-9955
CITY:	VALLEY VILLAGE	STATE: CA	ZIP CODE:	91607
CAPACITY: 6		CENSUS: 4	DATE:	08/13/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	10:14 AM
MET WITH:	Alexsandra Vartapetova - Administrator		TIME VISIT/ INSPECTION COMPLETED:	02:20 PM

NARRATIVE

Licensing Program Analyst (LPA) Quoc Huynh arrived at the facility unannounced to conduct a required annual visit at 10:14AM. The LPA met with Staff and contacted Administrator Alexsandra Vartapetova who arrived at 10:46AM. Entrance interview conducted.

Beginning at 10:18AM, the LPA and Staff toured the physical plant areas inside and outside to ensure there are no health and safety hazards, and facility is in compliance with Title 22 Regulations. The following was observed:

COMMON AREAS: At the time of the visit, living room and dining room furniture was observed to be in good condition. The dining room had a screened and inoperable fireplace. Required postings were located on the entryway wall. The entryway hallway had two (2) closets: one (1) was locked and contained resident medications and one (1) closet contained files and storage. The facility maintained a comfortable temperature throughout the visit. The facility had a laundry room connected to the kitchen and LPA observed the machines to be in good condition.

KITCHEN: The LPA observed knives stored inaccessible in a locked drawer. Cleaning supplies were stored inaccessible and locked under the sink. Kitchen appliances were clean and in operable condition. The facility had a supply of perishable and non-perishable food. Food in the refrigerator and freezer were observed to be properly stored with labels and dates.

Report Continued on LIC 809-C

Kristin Heffernan
Quoc Huynh

	DATE: 08/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	DATE: 08/13/2026

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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Created By: Quoc Huynh On 08/13/2026 at 01:06 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364

FACILITY NAME: JUST LIKE HOME **FACILITY NUMBER:** 197603936
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/13/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87303(e)(2)	

Maintenance and Operation

(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in the hot water did not measure within the required range which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 08/14/2026
	Plan of Correction
1 2 3 4	The Licensee will lower the water temperature and provide CCLD with videos measuring the hot water temperature by POC due date.

	Type A	Section Cited	CCR	87465(h)(5)	

Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (5) Each resident's medication shall be stored in its originally received container. No medications shall be transferred between containers.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation and interview, the licensee did not comply with the section cited above in resident medications were prepared 1 week is advance in pill organizers which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 08/14/2026
	Plan of Correction
1 2 3 4	The Licensee will complete the current medications prepped and submit a statement of understanding to CCLD by POC due date.

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:	Quoc Huynh
LICENSING PROGRAM ANALYST SIGNATURE:	**DATE:** 08/13/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	**DATE:** 08/13/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87470(c)(1)	

Infection Control Requirements

(c) An Infection Control Plan shall be developed by the licensee and shall be included in the Plan of Operation required by Section 87208. (1) The Infection Control Plan shall include all of the following:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in the facility did not have an infection control plan which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 08/20/2026
	Plan of Correction
1 2 3 4	The Licensee will provide CCLD with an Infection Control Plan by POC due date.

	Type B	Section Cited	CCR	87303(c)	

Maintenance and Operation

(c) All window screens shall be clean and maintained in good repair.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in 2 windows did not have screens which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 08/20/2026

	Plan of Correction
1 2 3 4	The Licensee will place the screens on the windows and provide proof to CCLD by POC due date.

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: Quoc Huynh

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/13/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87465(h)(4)	

Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (4) All centrally stored medications shall be labeled and maintained in compliance with state and federal laws. No persons other than the dispensing pharmacist shall alter a prescription label.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on interview and record review, the licensee did not comply with the section cited above in resident medication records were not maintained which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 08/20/2026
	Plan of Correction
1 2 3 4	The Licensee will provide CCLD with an updated and accurate CSMDR for the residents and create a medication refusal log and provide it by POC due date.

	Type B	Section Cited	CCR	87506(b)(10)	

Resident Records

(b) Each resident's record shall contain at least the following information: (10) Reports of the medical assessment specified in Section 87458 Medical Assessment, and of any special problems or precautions.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on interview and record review, the licensee did not comply with the section cited above in 1 resident had a change of condition and did not have an updated medical assessment which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 08/27/2026
	Plan of Correction
1 2 3 4	The Licensee will obtain an updated medical assessment or provide proof of the scheduled appointment to CCLD by POC due date.

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: Quoc Huynh

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/13/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.695(a)	

Other Provisions

(a)In addition to any other requirement of this chapter, a residential care facility for the elderly shall have an emergency and disaster plan that shall include, but not be limited to, all of the following:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in the facility did not have an emergency disaster plan which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 08/20/2026
	Plan of Correction
1 2	The Licensee will provide CCLD with an emergency disaster plan by POC due date.

	Type B	Section Cited	CCR	87608(a)(5)(B)	

Postural Supports

(B) Bed rails that extend the entire length of the bed are prohibited except for residents who are currently receiving hospice care and have a hospice care plan that specifies the need for full bed rails.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, interview, and record review, the licensee did not comply with the section cited above in 1 resident had full bed rails and was no longer on hospice which poses/posed a potential health, safety or personal rights risk to persons in care.

POC Due Date: 08/20/2026

	Plan of Correction
1 2 3 4	The Licensee will remove the full bed rails and obtain a physician's order for half bed rails and provide proof by POC due date.

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: Quoc Huynh

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/13/2026

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FACILITY NAME: JUST LIKE HOME **FACILITY NUMBER:** 197603936

VISIT DATE: 08/13/2026

NARRATIVE

BEDROOMS/RESTROOMS: There were six (6) total bedrooms, each designated as private resident bedrooms. Bedrooms #2, #3, #4, #5, and #6 had direct exits to the outside. Bedrooms were furnished appropriately with clean linens, appropriate furnishings and sufficient lighting. Extra linens were stored in cabinets located in the hallway. There were seven (7) total restrooms in the facility: four (4) private resident restrooms, one (1) shared resident restroom, one (1) staff restroom located in the entryway, and one (1) inoperable restroom located in the office. Restrooms were clean, sanitary, and in operating condition with grab bars and non-slip surfaces. All restrooms were sufficiently stocked with soap and paper products. Hot water was tested and measured between 127 degrees F and 128.3 degrees F, which is not within the required range of 105 degrees F and 120 degrees F.

OUTDOOR AREA: The surrounding grounds had one (1) shaded patio area equipped with furniture in good condition for resident and visitor use. LPA observed a properly fenced and secured in-ground pool in the rear yard. There were two (2) emergency exits located on each side of the facility that led to the front yard. The front yard had a driveway with a self-latching gate. The front yard also had a water fountain that did not contain any water. The LPA observed two (2) window screens on the floor and not attached to the window.

The facility had a designated office space that was locked and contained the office, storage, emergency food and water, and extra food. The extra food observed in the refrigerator and freezer were good quality. The LPA advised the Administrator to obtain additional emergency water.

RECORDS: Record review began at 10:49AM. Resident records were reviewed for, but not limited to care plans, physician's report, admissions agreement, and consent forms. One (1) resident had a change of condition and a new Physician's Report was not obtained as the last report was dated 06/02/2023. The resident additionally had full bed rails and was no longer on hospice or home health; however, the resident's family provided a signed consent to utilize half bed rails. The LPA explained that a resident must be on hospice to utilize full bed rails or have a physician's order for half bed rails.

Report Continued on LIC 809-C

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NARRATIVE

Document Link IconThe Administrator stated they would obtain an order for half bed rails and remove the full bed rails. Personnel records were reviewed for, but not limited to health assessments, criminal record clearances, first aid/CPR training, and the appropriate training. All records were in order.

INFECTION CONTROL/EMERGENCY DISASTER PLAN: During today's visit, the LPA was unable to review the facility's infection control plan and emergency disaster plan as it was not located or produced for review. Emergency disaster drills were conducted quarterly, with the last drill on 07/07/2026. The LPA advised the Administrator to maintain a sufficient record of the disaster drill as they provided the LPA a paper with a list of dates and times with no additional details. A fire extinguisher was observed and purchased on 06/16/2026. Smoke and carbon monoxide detectors were tested at 12:12PM and were operational.

MEDICATIONS: Medication review began at 12:14PM. Medications were centrally stored and kept inaccessible in the entryway closet. Medications were observed for two (2) residents. Medications were labeled and checked for expiration dates and were not properly documented on the centrally stored medications and destruction record (CSMDR). CSMDR for both residents were not maintained as the start dates were noted as their admission date, prescription numbers were incorrect, and medication names were written as the medications' generic names. The Administrator stated that the CSMDRs were also copies of each other with date filled updated because they did not want to repeatedly write the CSMDR every month. The Administrator also stated that the facility prepares residents' medications one (1) week in advance in organizers and a refusal log is not maintained. The LPA was unable to complete a full review of medications.

Pursuant to Title 22 CA Code of Regulations and/or Health and Safety Code, the following deficiencies were cited (Refer to LIC 809-D).

Five (5) civil penalties in the total amount of $1,250 were assessed for repeat violations within a twelve (12) month period (Refer to LIC 421FC). The Administrator was advised that failure to correct and continued violation may result in additional civil penalties.

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

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