

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197606875
Report Date: 03/27/2026
Date Signed: 03/27/2026 01:15:13 PM

Document Has Been Signed on 03/27/2026 01:15 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	A PLUS ELDERLY CARE	FACILITY NUMBER:	197606875
ADMINISTRATOR/MARITA AMORSOLO		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(661) 723-0212
ADDRESS:	43835 JOHNS COURT	ZIP CODE:	93536
CITY:	LANCASTER	STATE:	CA
CAPACITY:	6	CENSUS:	5
TYPE OF VISIT:	Required - 1 Year	DATE:	03/27/2026
		UNANNOUNCED TIME VISIT/INSPECTION	09:08 AM
		BEGAN:	
MET WITH:	Marita Amorsolo	TIME VISIT/INSPECTION	01:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Evelin Rios arrived to the facility mentioned above to conduct an unannounced required annual visit. LPA was greeted by a staff who granted entry. Staff contacted the administrator, Marita Amorsolo to inform her LPA was at the facility. In the facility LPA observed a second staff in the kitchen and three (3) residents in the dining area. LPA briefly spoke with the residents. LPA met with the administrator shortly after and explained the reason for the visit. This is a Residential Care Facility for the Elderly (RCFE) with an approved fire clearance for six (6) bedridden residents for a total capacity of six (6) and a hospice waiver for four (4). At 9:20 AM LPA initiated a physical plant tour of the facility inside and out and the following was observed: At the entrance of the facility LPA observed a sign in log for visitors, a digital thermometer affixed to the wall and PPE supplies. Along a wall leading to the common area LPA observed required postings such as a facility sketch with marked emergency exits and an assembly point. The administrator certificate was also posted and active. The facility has an open-concept layout that connects the kitchen, living room, and dining area. LPA observed cameras in the common areas. There are two (2) fire extinguishers, both fully charged with purchase receipts dated 3/11/2026. In the kitchen LPA observed the kitchen to be clean and clear of clutter. Appliances and fixtures were functional. LPA observed a sufficient amount of two-day perishable and seven day non-perishable food in the refrigerator and pantry. Knives and sharps were stored in a locked drawer inaccessible to residents. Centrally stored medication and a fully supplied first aid is stored in a locked kitchen cabinet. In the living room and dining area LPA observed the furniture to be in good repair and sit the capacity of the facility. (Continue to LIC809-C)
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NAME OF LICENSING PROGRAM MANAGER:	Mary G Flores
NAME OF LICENSING PROGRAM ANALYST:	Evelin Rios

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/27/2026

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

DATE: 03/27/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: A PLUS ELDERLY CARE **FACILITY NUMBER:** 197606875
VISIT DATE: 03/27/2026

NARRATIVE	
1	In the living room LPA observed a fireplace not in use properly secured. There is a television, activity
2	books and games for residents. LPA did not observe any tripping hazards. Doors leading to the outside
3	have auditory alarms there were on and functioning properly during the visit.
4	
5	Through a locked door by the kitchen, there is access to the staff rooms and the attached garage. Inside
6	the garage , LPA observed a washer and dryer. All detergents and cleaning supplies are stored locked in
7	the garage. LPA also observed a second refrigerator used to store an overflow of food. The garage is
8	also used as a storage area and contains the facility's supply of emergency water.
9	
10	In the hallway leading to the four (4) resident bedrooms, LPA observed a carbon monoxide detector. At
11	9:30 AM, the detector was tested and found to be functioning properly. In the hallway cabinet, LPA
12	observed extra linens. Bedroom #1 is shared. Bedrooms designated for residents were furnished with a
13	bed, night stand, chair, dresser, bedding, sufficient lighting and closet space. The facility has two (2)
14	bathrooms for residents. Bedroom #1 has a private bathroom. The other bathroom is located in the
15	hallway. LPA observed the bathrooms had functioning plumbing and fixtures equipped with grab bars,
16	and non-skid mats. The hot water delivered in the common bathroom and private bathroom was
17	measured at approximately 9:44 AM and read between 108 and 111 degrees Fahrenheit, within
18	regulation.
19	
20	The backyard has two (2) shaded areas with appropriate outdoor furniture. LPA observed the
21	passageway to the exit was clear of obstruction. There is a sufficient amount of outdoor space for
22	residents. There is no swimming pool or bodies of water. There is a locked shed used for storage.
23	
24	At 10:45 AM LPA reviewed and obtained copies of the Emergency Disaster Plan (LIC610E), active
25	Liability Insurance, and Personnel Report (LIC500). At 11:29 AM LPA reviewed staff and resident
26	records along with centrally stored medication and medication records . LPA conducted a file review
27	of five (5) resident files to ensure licensing forms were complete and in compliance. LPA also conducted
28	a file review of three (3) staff records to insure training documents are in compliance and complete.
29	Medication and Medication Records were reviewed for proper storage and documentation. LPA
30	observed the administrator test smoke detectors at 1:00 PM and they were observed functioning
31	properly.
32	
	Pursuant to Title 22 Division 6 of the CA Code of Regulations, there were no deficiencies observed during today's visit. Exit Interview was conducted and a copy of the report was provided to the Administrator.

NAME OF LICENSING PROGRAM MANAGER: Mary G Flores	
NAME OF LICENSING PROGRAM ANALYST: Evelin Rios	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 03/27/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/27/2026