

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 197607174  
**Report Date:** 12/05/2024  
**Date Signed:** 12/05/2024 12:48:11 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	PALISADES VILLA, THE	FACILITY NUMBER:	197607174
ADMINISTRATOR/DIRECTOR:	TANIOS C. EL HABR	FACILITY TYPE:	740
ADDRESS:	16629 W. SUNSET BLVD.	TELEPHONE:	(310) 454-3583
CITY:	PACIFIC PALISADES	STATE:	CA
CAPACITY:	6	ZIP CODE:	90272
TYPE OF VISIT:	Required - 1 Year	CENSUS:	4
		DATE:	12/05/2024
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	10:06 AM
MET WITH:	Nawal Sfeir, Administrator	TIME VISIT/INSPECTION COMPLETED:	01:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Sparkle Day conducted an unannounced visit to the above facility. The
2	purpose of today's visit was to conduct the one-year inspection. LPA met with Nawal Sfeir, Administrator,
3	and the purpose of the visit was discussed. Facility is licensed to serve 6 residents of which (4) maybe
4	non- ambulatory, (2) bedridden and an approved hospice waiver for 1 resident. Two (2) of the residents
5	are diagnosed with dementia. No residents are receiving home health . There is (1) residents receiving
6	hospice care services, and there is 1 bedridden resident currently. The facility does not handle any of
7	the residents' money.
8	
9	This home is a single story home consisting of: (6) resident bedrooms, (7) Full bathroom, living room,
10	kitchen, dining room, laundry room (located in the dining area) and an outdoor shaded patio area. LPA
11	toured the Resident bedrooms had the required furniture, bed linens and closet/drawer space to
12	accommodate each resident comfortably. Resident bathrooms were checked. Toilets and water faucets
13	orked properly, grab bars were secure, shower was free of mold/mildew and a non-skid mat was in
14	place, water temperature measured between 115.F. Resident bath towels, toiletries and personal
15	hygiene supplies were adequately stocked. Common areas were clean and clear of hazards; doorways
16	were free of obstructions.
17	
18	Kitchen was checked and observed to be within Title 22 regulations. Perishable and non-perishable food
19	supply was checked. All cleaning solutions, hazardous items, and medications were securely locked and
20	inaccessible to residents. Smoke detectors were working properly and fire extinguisher was fully
21	charged. Carbon monoxide detector was operational. First Aid kit was available. Outside grounds were
22	toured and no bodies of water were observed. Walkways around the home were clear of hazards. There
23	are no security bars or weapons on the premises.
24	
25	During today's visit LPA did not observe any deficiencies.

Exit interview conducted with Nawal Sfeir, Administrator, and a copy of this was provided.

**NAME OF LICENSING PROGRAM MANAGER:** Janae Hammond

**NAME OF LICENSING PROGRAM ANALYST:** Sparkle Day

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 12/05/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 12/05/2024

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