

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197607606
Report Date: 03/21/2026
Date Signed: 03/21/2026 03:58:38 PM

Document Has Been Signed on 03/21/2026 03:58 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 NAME:	NIKKEI SENIOR GARDENS	FACILITY NUMBER:	197607606
ADMINISTRATOR/DIRECTOR:	DESIREE KITAGAWA	FACILITY TYPE:	740
ADDRESS:	9221 ARLETA AVE	TELEPHONE:	(818) 899-1000
CITY:	ARLETA	STATE:	CA
CAPACITY:	106	ZIP CODE:	91331
TYPE OF VISIT:	Required - 1 Year	CENSUS:	89
		DATE:	03/21/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	08:01 AM
MET WITH:	Kristeen Minami	TIME VISIT/INSPECTION COMPLETED:	04:00 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Michael Cava conducted an Annual Required visit and inspection of
2 the facility. LPA met with the Community Relations Director (CRM), Kristeen Minami, and explained the
3 reason for the visit.
4
5 With the assistance of the CRM, LPA conducted a tour of the physical plant at approximately 8:30am to
6 ensure there are no health and safety hazards and facility is in compliance with Title 22 Regulations.
7 The facility is a two story building. There is a memory care with a delayed egress. Egress was checked,
8 and opens after a fifteen second delay at the door. Required postings were observed at the entry and
9 common areas. The smoke alarms and carbon monoxide are dual and interconnected. There are
10 additional carbon monoxide detectors, that were also observed in resident rooms and in common areas.
11 LPA observed fire extinguishers throughout the physical plant on the first and second floors. Charge
12 date is August 15, 2025. Last fire safety inspection was conducted on March 3, 2026.
13 **Bedrooms:** Personal accommodations in resident bedrooms were observed for safety, privacy, and
14 comfort. Resident rooms were properly furnished with appropriate beddings, linens, sufficient lighting
15 and closet space. Emergency pull chords were tested for proper function.
16
17 **Bathrooms:** Resident bathrooms were properly supplied and had functional fixtures, grab bars, and non
18 skid mats or flooring. Hot water temperature in resident bathrooms on both the first and second floors
19 were checked and measured between of 111°F to 114°F.
20
21
22
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Mary G Flores
NAME OF LICENSING PROGRAM ANALYST: Michael Cava



DATE: 03/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/21/2026

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.

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

FACILITY NAME: NIKKEI SENIOR GARDENS

FACILITY NUMBER: 197607606

VISIT DATE: 03/21/2026

NARRATIVE	
1	Kitchen: The kitchen appliances and fixtures were functional. Refrigerated and frozen foods were
2	stored at proper temperatures. There was a sufficient amount of perishable and non-perishable food
3	properly stored. LPA observed a listing for residents that require a special diet posted on the kitchen
4	wall. Food deliveries are made once a week. There were no pesticides or poisons observed near any
5	food areas. Kitchen is observed to be clean, safe and sanitary at the time of the visit.
6	
7	
8	Medications: Medication Center is on 1 st floor. Medication carts used for medication were observed to
9	be locked and inaccessible to residents. First aid kits located in the medication center and at lobby desk.
10	Medications and medication records were reviewed for proper storage and documentation.
11	
12	Dining room/Resident Lounge/Common areas: Common areas were observed to be adequately
13	furnished with adequate seating, couches, tables and chairs. Activity and exercise rooms were clean
14	and safe. There is a salon and movie theater on the second floor.
15	
16	Laundry: There are two laundry rooms on the first floor. One laundry room is for staff to do provide
17	laundry service for the residents in care. The second laundry room gives the resident an option to do
18	their own laundry. No cleaning supplies or detergents observed during the inspection.
19	
20	Outside/Grounds: Surrounding grounds and the outside areas were observed to be free from
21	obstruction. Patio area has outdoor furniture appropriate for outdoor use. There is a garden, putting
22	green and basketball court available for resident use. There is sufficient space to hold outdoor activities.
23	There is no swimming pool or any other bodies of water.
24	
25	Resident Files: Resident files are kept locked in the medication center. LPA conducted a file review of
26	resident records to insure compliance of licensing forms.
27	
28	
29	
30	Staff Files: Staff files are also kept locked in the medication center. LPA also conducted a file review of
31	staff records to insure forms and training are up to date and compliance with licensing forms.
32	
Pursuant to Title 22 Division 6 of the CA Code of Regulations, there were no deficiencies observed during the visit. Exit Interview Conducted and a Copy of this Report Issued.	

NAME OF LICENSING PROGRAM MANAGER: Mary G Flores
NAME OF LICENSING PROGRAM ANALYST: Michael Cava
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 03/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 03/21/2026