

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197607880

Report Date: 01/21/2026

Date Signed: 01/21/2026 04:22:56 PM

Document Has Been Signed on 01/21/2026 04:22 PM - It Cannot Be Edited

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

FACILITY NAME:	FOUNTAINVIEW AT EISENBERG VILLAGE	FACILITY NUMBER:	197607880
ADMINISTRATOR/DIRECTOR:	ADAM PENA	FACILITY TYPE:	741
ADDRESS:	6440 WILBUR AVENUE	TELEPHONE:	(818) 654-5534
CITY:	RESEDA	STATE:	CA
CAPACITY:	216	ZIP CODE:	91335
TYPE OF VISIT:	Required - 1 Year	CENSUS:	104
		DATE:	01/21/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:36 AM
MET WITH:	Kathleen Glass - Executive Director Clarissa Townes - Director of Health Services	TIME VISIT/INSPECTION COMPLETED:	04:35 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Quoc Huynh arrived unannounced at 9:36AM for a required one-year
2 visit. The LPA met with the Executive Director (ED) Kathleen Glass and Director of Health Services
3 (DHS) Clarissa Townes and explained the reason for the visit. Entrance interview conducted.
4

5 At 10:15AM, the LPA, ED, Business Administrator, and Director of Maintenance toured the physical plant
6 areas inside and outside to ensure there are no health and safety hazards, and facility is in compliance
7 with Title 22 Regulations. The following was observed:
8

9 **RESIDENT ROOMS:** The LPA observed ten (10) randomly selected rooms on four (4) floors and no
10 immediate health or safety hazards were observed. Appropriate furniture was also observed in each
11 unit. Restrooms were clean, with properly installed grab-bars in resident bathrooms and non-skid strips
12 in shower tubs. Water temperature was tested throughout the units and measured between 115.3
13 degrees F and 120 degrees F, which is within the required range. At 11:03AM, the LPA tested the
14 facility's call system pendant with staff response at 11:05AM.
15

16 **Report Continued on LIC 809-C**
17
18
19
20
21
22
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/21/2026

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.

Document Has Been Signed on 01/21/2026 04:22 PM - It Cannot Be Edited

Created By: Quoc Huynh On 01/21/2026 at 03:49 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: FOUNTAINVIEW AT EISENBERG VILLAGE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 197607880
VISIT DATE: 01/21/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.625(b)(2)	
--	---------------	----------------------	------------	-----------------------	--

Other Provisions

(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on interview and record review, the licensee did not comply with the section cited above in 2 out of 2 direct care staff did not have the required annual training topics which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 02/06/2026
	Plan of Correction
1	The Licensee will provide the 2 staff with the required trainings and provide CCLD proof by the POC due date.
2	
3	
4	

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

Resident Records


(b) Each resident's record shall contain at least the following information:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on record review, the licensee did not comply with the section cited above in residents did not have consent forms or personal rights which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 02/06/2026
	Plan of Correction

1 The Licensee will have the residents sign consent forms and personal rights and provide the forms to
 2 CCLD by the POC due date.
 3
 4

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:** 01/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 01/21/2026

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

FACILITY NAME: FOUNTAINVIEW AT EISENBERG VILLAGE **FACILITY NUMBER:** 197607880
VISIT DATE: 01/21/2026

NARRATIVE

1 **COMMON AREAS:** The facility had five (5) total floors. The basement contained the parking garage,
 2 theater, and emergency food and water. The first floor contained resident apartments, fitness center,
 3 spa, lobby/concierge, library, coffee bar, business offices, events center, creative arts room, private
 4 dining room, lounge, dining room, and kitchen. The second, third, and fourth floors each had resident
 5 apartments and lounges. LPA Huynh observed common areas to be clean, clear of
 6 obstructions/hazards, and furniture were in good condition. Required postings were observed in the
 7 lobby.
 8
 9 **KITCHEN:** The facility's commercial kitchen was inspected and found to be in compliance with Title 22
 10 regulations. Facility uses third party vendors and receives general food deliveries three (3) times a week
 11 and protein deliveries daily. There was a sufficient supply of perishable and non-perishable food. The
 12 LPA observed the walk-in refrigerator and freezer; food appeared to be of good quality and labeled with
 13 expiration dates. Kitchen sinks had signage of tap water delivering above 125 degrees F.
 14
 15 **MEDICATION:** Medication review began at 11:36AM. The LPA reviewed medications for six (6)
 16 residents. Medications were maintained inaccessible to residents in the medication room located on the
 17 fourth floor. Resident medications reviewed were documented and stored in compliance with regulation
 18 at this time.
 19
 20 **OUTDOOR AREA:** The facility's outdoor area consisted of four (4) courtyards with one (1) water
 21 fountain. The facility also shares outdoor space with Eisenberg Village and a Nursing School. Residents
 22 have the option of utilizing the common spaces offered at the connected facility. The exterior perimeter
 23 was secured with gates and held multiple emergency exits. All passageways were clear of obstructions.
 24
 25 **Report Continued on LIC 809-C**
 26
 27
 28
 29
 30
 31
 32

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/21/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: FOUNTAINVIEW AT EISENBERG VILLAGE

FACILITY NUMBER: 197607880

VISIT DATE: 01/21/2026

NARRATIVE

1 **RECORDS:** Record review began at 12:41PM. LPA Huynh reviewed ten (10) resident records for, but
2 not limited to admissions agreements, medical assessment, appraisals, and consent forms. Seven (7)
3 residents did not have consent forms, and four (4) residents did not have signed personal rights. The ED
4 and DHS stated they plan to provide all residents with new forms to complete. The LPA reviewed ten
5 (10) personnel records for, but not limited to job application, health assessments, TB results, criminal
6 record statements and clearances, first aid/CPR certification, and appropriate training. Two (2) direct
7 care staff annual training reviewed did not include dementia, hospice, postural support, and restricted
8 health condition topics. The LPA and ED reviewed training regulations including topics and hours. The
9 LPA advised the ED to ensure training hours are also disclosed on all training documents.
10

11 **INFECTION CONTROL/EMERGENCY DISASTER:** The LPA reviewed the facility's Infection Control
12 Plan and Emergency Disaster Plan. LPA noted that the facility is in compliance with regulation with both
13 plans reviewed annually. The facility conducts emergency disaster drills as required, with the last drill
14 documented on 11/29/2025. There were fire extinguishers throughout the facility, which were serviced
15 on 01/30/2025. Fire alarm system is tested annually with the last inspection on 11/24/2025 by AB&A Fire
16 Protection.
17

18 Pursuant to Title 22 CA Code of Regulations and/or the Health and Safety Code, the following
19 deficiencies were cited (Refer to 809-D).
20

21 Exit interview conducted. A copy of the appeal rights and report was reviewed and provided.
22
23
24
25
26
27
28
29
30
31
32

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/21/2026