

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608161
Report Date: 01/16/2026
Date Signed: 01/16/2026 04:02:36 PM

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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:	TITA GUEST HOUSE	FACILITY NUMBER:	197608161
ADMINISTRATOR/REYNALDO DEL ROSARIO		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(818) 775-9914
ADDRESS:	8437 VANALDEN AVENUE	ZIP CODE:	91324
CITY:	NORTHRIDGE	STATE:	CA
CAPACITY:	6	CENSUS:	6
DATE:		DATE:	01/16/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	09:15 AM
		BEGAN:	
MET WITH:	Catherine Del Rosario- Assistant Administrator	TIME VISIT/	
		INSPECTION	04:15 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Mariana Agban conducted an Annual Required visit and inspection of
2	the facility. LPA met with staff, and explained the reason for the visit. Administrator, Reynaldo Del
3	Rosario could not attend the annual for the day due his exposure to COVID. Assistant Administrator
4	Catherine Del Rosario, came in his place.
5	At approximately 09:25 am, with the assistance of staff, LPA took a tour of the physical plant. Screening
6	area is located immediately upon entrance. Sign in sheet, hand sanitizer, gloves and masks were
7	observed in the entry area. LPA tested the smoke alarms and carbone monoxide and they were function
8	properly.. LPA observed the fire extinguisher in the kitchen with purchase date Jan 12, 2026. Kitchen:
9	The kitchen appliances and fixtures were functional. LPA found a sufficient amount of perishable and
10	non-perishable food at the facility; properly stored. Knives were stored in a locked drawer in the kitchen.
11	Properly labeled medications were locked in one of the kitchen cabinets. The laundry area is located
12	adjacent to the kitchen. LPA observed laundry was locked and all toxins are inaccessible to residents.
13	Bedrooms: There were five (5) bedrooms designated for residents' use. Four (4) bedrooms are
14	designated for private use, and one (1) room is shared. All five bedrooms, in use by residents, were
15	properly furnished with appropriate beddings and linens with sufficient lighting. Bathrooms: There are
16	three (3) bathrooms designated for residents' use. All bathrooms were properly supplied and had
17	functional fixtures. Hot water temperature was measured from the bathroom sink at 106.5, 113.0 and
18	108.7 degrees Fahrenheit. No cleaning supplies or hazardous items were present in each bathroom
19	during the inspection. Common Areas: These included the living room and dining area. The common
20	areas were properly furnished. The auditory alarms on all exit doors were on and functional at the time
21	of the visit.
22	(Continue on 809 C)
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER:	Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST:	Mariana Agban

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/16/2026

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	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 (Cont)	

FACILITY NAME: TITA GUEST HOUSE	FACILITY NUMBER: 197608161
	VISIT DATE: 01/16/2026

NARRATIVE	
1	The dining room table is large enough to sit the capacity of the facility. Seating such
2	as couches where in good repair and sit the capacity of the facility.
3	Surrounding Grounds: Entry/exits were free of obstruction. There was furniture
4	appropriate for outdoor use. The outdoor area was free of hazards. LPA checked the
5	gates at both sides of the home to ensure no locks were installed, and that exits and
6	passageways were clear for emergency evacuation.
7	Resident Files: LPA reviewed resident records and observed the following
8	deficiencies: Resident #1 (R1) and Resident #6 (R6) files did not contain physician
9	reports. R1 had full bed rails in place and was not receiving hospice care. Residents
10	#2 (R2), #3 (R3), and #4 (R4) had half bed rails without physician orders. Resident
11	#2 (R2), #3 (R3), and #5 (R5) files did not contain an Appraisal Needs and Services
12	Plan. Resident #1 (R1), #4 (R4), and #5 (R5) files did not include a Safeguards for
13	Property and Valuables form (LIC 621). Additionally, Resident #6 (R6) did not have a
14	hospice care plan on file.
15	Staff Files: LPA also conducted a file review of staff records to ensure forms and
16	training are up to date and compliance with licensing forms.
17	
18	Medications: Medication and Medication Records were not consist. LPA was unable
19	to audit medications due to inconsistency and incomplete records for all the
20	residents.
21	
22	Temperature: Facility maintains a comfortable temperature of 74 degrees
23	Fahrenheit
24	
25	Exit interview conducted, citations issued, appeal rights given and copy of this report
26	signed and delivered.
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard	
NAME OF LICENSING PROGRAM ANALYST: Mariana Agban	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/16/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/16/2026

FACILITY EVALUATION REPORT (Cont)

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

FACILITY NAME: TITA GUEST HOUSE**FACILITY NUMBER:** 197608161**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 01/16/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87465(a)(6)	
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Incidental Medical and Dental Care Services

(6) When requested by the prescribing physician or the Department, a record of dosages of medications which are centrally stored shall be maintained by the facility.

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. Medications records were inconsistent which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 01/30/2026
	Plan of Correction
1	Administrator agreed to provide complete and accurate medication records for all the residents by the POC date.
2	
3	
4	

	Type B	Section Cited	CCR	87456(a)(2)	
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Evaluation of Suitability for Admission

(a) Prior to accepting a resident for care and in order to evaluate his/her suitability, the facility shall, as specified in this article 8: (2) Perform a pre-admission appraisal.

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. R6's file does not have a pre-admission appraisal which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 01/30/2026
	Plan of Correction
1	Administrator agreed to provide pre-admission appraisal for R6 by the POC date.
2	
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:	Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST:	Mariana Agban
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 01/16/2026

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: TITA GUEST HOUSE

FACILITY NUMBER: 197608161

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/16/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87456(a)(3)	
Evaluation of Suitability for Admission					
(a) Prior to accepting a resident for care and in order to evaluate his/her suitability, the facility shall, as specified in this article 8: (3) Obtain and evaluate a recent medical assessment.					
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. There were no record of a recent medical assessment for R6 which poses/posed a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 01/30/2026				
	Plan of Correction				
1	Administrator agreed to provide medical assessment for R6 by the POC date.				
2					
3					
4					
	Type B	Section Cited	CCR	87463(a)	

Reappraisals					
(a) The pre-admission appraisal, as specified in Section 87457, Pre-Admission Appraisal, shall be updated, in writing as frequently as necessary or once every 12 months, whichever occurs first, to note significant changes in condition, as defined in Section 87101, Definitions, and to keep the appraisal accurate. For the purposes of this section, the updated pre-admission appraisal shall be referred to as the reappraisal.					
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. Appraisal Needs and Services plan for R2, R3 and R5 were not updated which poses/posed a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 01/30/2026				
	Plan of Correction				
1	Administrator agreed to provide an updated an appraisal Needs and Services plan for R2, R3 and R5 by the POC date.				
2					
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:	Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST:	Mariana Agban

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/16/2026

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FACILITY REPRESENTATIVE SIGNATURE:

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DEFICIENCY INFORMATION FOR THIS PAGE: VISIT DATE: 01/16/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87633(b)	
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Hospice Care for Terminally Ill Residents

(b) A current and complete hospice care plan shall be maintained in the facility for each hospice resident and include 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. There was no hospice care plan from the facility for R6 which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 01/30/2026
	Plan of Correction
1 2 3 4	Administrator agreed to provide hospice care plan for R6 by the POC date.

	Type B	Section Cited	CCR	87705(c)(5)(A)	
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Licensees who accept and retain residents with dementia shall be responsible for ensuring the following: (5) Each resident with dementia shall have an annual medical assessment as specified in Section 87458, Medical Assessment, and a reappraisal done at least annually, both of which shall include a reassessment of the resident's dementia care needs. (A) When any medical assessment, appraisal, or observation indicates that the resident's dementia care needs have changed, corresponding changes shall be made in the care and supervision provided to that resident. 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. Medical Assessment for R1 is not updated which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 01/30/2026
	Plan of Correction

1	Administrator agreed to provide a copy of the R1's Medical Assessment by the POC date.
2	
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:	Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST:	Mariana Agban
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/16/2026
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FACILITY REPRESENTATIVE SIGNATURE:	
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FACILITY NUMBER: 197608161

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/16/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87217(g)	
g) Each licensee shall maintain adequate safeguards and accurate records of cash resources and valuables entrusted to his care, including, but not limited to the following: 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. LIC 621 is not				
2	complete for R1, R4 and R5 which poses/posed a potential health, safety or personal rights risk to				
3	persons in care.				
4					
	POC Due Date: 01/30/2026				
	Plan of Correction				
1	Administrator agreed to provide copy of complete LIC 621 for R1, R4 and R5 by the POC date				
2					
3					
4					
		Section Cited			
	Deficient Practice Statement				
1					
2					
3					
4					
	POC Due Date:				

	Plan of Correction
1	
2	
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:	Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST:	Mariana Agban
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/16/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87608(a)(5)(B)	
Postural Supports. 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	Based on record review, the licensee did not comply with the section cited above by not obtaining a full				
2	bedrail doctor's order for R1 (who is not currently on hospice), which poses a potential health and safety				
3	risk to residents in care. which poses/posed a potential health, safety or personal rights risk to persons				
4	in care.				
	POC Due Date: 01/30/2026				
	Plan of Correction				
1	Administrator agreed to remove the full bedrail. Administrator will provide a picture by the POC date.				
2					
3					
4					
	Type B	Section Cited	CCR	87608(a)(3)	

(a)Based on the individual's preadmission appraisal, and subsequent changes to that appraisal, the facility shall provide assistance and care for the resident in those activities of daily living which the resident is unable to do for himself/herself. Postural supports may be used under the following conditions.
(3) A written order from a physician indicating the need for the postural support shall be maintained in the

resident's record This requirement is not met as evidenced by:	
Deficient Practice Statement	
1 2 3 4	Based on observation and record review, the licensee did not comply with the section cited above. R2, R3 and R4 have half rails without a physician order which poses/posed a potential health, safety or personal rights risk to persons in care.
POC Due Date: 01/30/2026	
Plan of Correction	
1 2 3 4	Administrator agreed to provide physician's orders for R2, R3 and R4 for bed rails by the POC 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.

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