

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608200

Report Date: 02/14/2026

Date Signed: 02/14/2026 12:15:07 PM

Document Has Been Signed on 02/14/2026 12:15 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
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FACILITY NAME: ALTA VISTA GARDENS	FACILITY NUMBER: 197608200
ADMINISTRATOR/STACI MARMERSHTEYN	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 829 NORTH ALTA VISTA BLVD.	TELEPHONE: (323) 937-1940
CITY: LOS ANGELES	STATE: CA
CAPACITY: 70	ZIP CODE: 90046
TYPE OF VISIT: Required - 1 Year	CENSUS: 70
	DATE: 02/14/2026
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 08:00 AM
MET WITH: Debra Dobson-Administrative Assitant	TIME VISIT/INSPECTION
	COMPLETED: 12:00 PM

NARRATIVE	
1	On 2/14/26, at 8:00 am, Licensing Program Analyst, (LPA) Raymond Comer, arrived to conduct an
2	unannounced annual inspection of the Facility. LPA met with the Administrative Assistant, and reason for
3	the visit was disclosed.
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5	Facility is licensed as a two-story building. Fire clearance issued for fifty (50) non-ambulatory, and
6	twenty (20) ambulatory, for total capacity of seventy (70) residents. Bedridden cleared six (6) residents.
7	Hospice waiver approved for six (6) residents.
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9	At 8:15 am, LPA conducted a tour of the physical plant and observed the following:
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11	Physical plant was inspected for cleanliness and condition. Facility's main door is the primary entry/exit
12	access. Screening area is located immediately upon entrance. Visitor Sign-in sheet, hand sanitizer,
13	gloves and masks are available. Hand washing, coughing etiquette, and other necessary signage are
14	posted throughout the facility. Wall thermostat displays a setting of 71.0°F, within the required range.
15	Facility maintains an approved Mitigation and Infection Plan. Required postings are prominently
16	displayed and observed to be current. Disaster drills were last conducted in January, 2026.
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19	[LIC809C-Continued]
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NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Raymond Comer

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 02/14/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/14/2026

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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364</p>
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FACILITY NAME: ALTA VISTA GARDENS

FACILITY NUMBER: 197608200

VISIT DATE: 02/14/2026

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>Fire Detection/Protection system is present in the facility. Smoke and carbon monoxide detectors are hardwired, interconnected and tested as "passed" inspection by Los Angeles Fire Department on 05/07/2025. Fire Extinguishers are located throughout the facility. (service date: October 13, 2025) Evacuation routes are clearly posted throughout the facility. Fire drills conducted January , 2026. Evacuation chairs were observed in stairwell leading out to street access. Roof access is inaccessible to residents. Evacuation routes are clearly labelled and posted throughout the facility.</p> <p>Kitchen: At 9:15 am, kitchen was observed to be clean, with an adequate supply of perishables and non-perishable food located in multiple commercial refrigerators, freezer, and pantry. Food was properly labeled and stored. Emergency food is stored in a sub-floor area adjacent to the laundry room. Trash cans observed with lids. Knives and Sharps are secured and inaccessible to residents. No pesticides, nor poisons, were observed near any food areas.</p> <p>Medications: Medication room is located on first floor, near the building entrance. Medication room was observed to be inaccessible to residents. Medication documentation and implementation appeared to be complete. First aid kit, and manual stored in the medication office.</p> <p>Laundry: At 9:45 am, LPA observed laundry room, located on the sub-base level floor, to be clean and clear from obstruction. Laundry machines were observed functioning properly. Soap, toxins, and poisons observed to be locked and stored in basement area supply cabinet. Laundry is inaccessible to residents.</p> <p>Commons: LPA observed activities room, and dining room, located on the first floor. Outside patio area and surrounding area of the facility observed to be clean and clear from debris and obstruction. All common areas observed to have sufficient tables and chairs for seating. Furnishings are in fair condition.</p> <p>Bedrooms: At 10:25 am, LPA observed multiple resident bedrooms on all floors for safety, privacy, and comfort. (Bedroom#'s #21, #22, #23, #29, #31, #32, #33, #35) Bedrooms were inspected and observed to maintain required furnishing and sufficient lighting, bed linens, and blankets. All bedrooms were observed to be clean and clear of obstructions.</p> <p>Bathrooms: LPA observed appropriate grab bars and non-slip flooring. Hot water temperature measured in range from 106.0°F through 111.0°F; within the required range. Bathrooms observed to be clean; hand towels are not shared.</p> <p>Due to time constraints, LPA was unable to complete the required Annual inspection visit. LPA will complete at a later date. Exit interview conducted/Copy of report was provided.</p>

<p>NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan NAME OF LICENSING PROGRAM ANALYST: Raymond Comer LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 02/14/2026</p>
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