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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608280
Report Date: 06/02/2026
Date Signed: 06/02/2026 03:22:06 PM

Document Has Been Signed on 06/02/2026 03:22 PM **- It Cannot Be Edited**

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

FACILITY NAME:	FOUR SEASONS ASSISTED LIVING CENTER LLC		FACILITY NUMBER:	197608280
ADMINISTRATOR/ DIRECTOR:	AMBER LEIGH		FACILITY TYPE:	740
ADDRESS:	12120 CHANDLER BLVD		TELEPHONE:	(818) 487-0770
CITY:	NORTH HOLLYWOOD	STATE: CA	ZIP CODE:	91607
CAPACITY: 49		CENSUS: 43	DATE:	06/02/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	10:00 AM
MET WITH:	Amber Leigh - Administrator		TIME VISIT/ INSPECTION COMPLETED:	03:30 PM

NARRATIVE

Licensing Program Analyst (LPA) Quoc Huynh arrived unannounced at 10AM for a required one-year visit. The LPA met with Administrator Amber Leigh and explained the reason for the visit. Entrance interview conducted.

At 10:18AM, the LPA and Administrator toured the physical plant areas inside and outside to ensure there are no health and safety hazards and facility is in compliance with Title 22 Regulations. The following was observed:

COMMON AREAS: Located on the first floor is the lobby, dining room, activity room, office, and kitchen that is attached to the Skilled Nursing Facility side of the building. Located on the second floor is an office and medication room. The LPA observed common areas to be clean and in good condition. There were no obstructions and/or tripping hazards throughout the facility. There were cameras in the common areas. Required postings were found in the hallway on the first floor by the office. Emergency food and water were observed in a secured closet on the first floor. There is one (1) outdoor patio located on the first floor by the lobby which is utilized as a smoking area. The LPA observed a grill and outdoor furniture, with a covered shaded area for residents. There were no bodies of water observed during today's visit.

Report Continued on LIC 809-C

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

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/02/2026

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.

FACILITY NAME: FOUR SEASONS ASSISTED LIVING CENTER LLC **FACILITY NUMBER:** 197608280

VISIT DATE: 06/02/2026

NARRATIVE

RESIDENT ROOMS: The LPA observed six (6) randomly selected rooms on the first and second floor and no immediate health or safety hazards were observed. Restrooms were clean, with properly installed grab-bars in resident bathrooms and non-skid strips in shower tubs. Appropriate furniture was also observed in the units. Water temperature was tested throughout the units and measured between 116.1 degrees F and 117.4 degrees F.

KITCHEN: The kitchen is located on the 1st floor in the Skilled Nursing Facility. The kitchen was observed to be in compliance with Title 22 regulations. There was a sufficient supply of perishable and non-perishable food. Food appeared to be of good quality. Administrator stated the residents' meals are carted in from the kitchen to the dining room/resident rooms.

MEDICATION: Medication review began at 11:02AM. The LPA reviewed medications for three (3) residents. Medications are maintained locked and inaccessible to residents in the medication room located on the second floor. Resident #1 (R1) had two (2) medications that were not documented on the centrally stored medication and destruction record. Resident #2 (R2) was prescribed Trazadone instructed to be administered at bedtime and the cycle started on 05/29/2026. It was observed that the 05/31/2026 dosage remained and a review of the facility's Medication Administration Record (MAR) did not document whether the medication was administered or refused. Interview with R2 indicated that sometimes the Med-Tech is late, and they were unable to recall whether they took the medication or refused. However, review of R2's other bedtime medications indicated that it was administered.

RECORDS: Records were reviewed at 11:35AM. The LPA reviewed six (6) resident files for, but not limited to: admissions agreements, medical assessment, appraisals, and consent forms. All records were in order. The LPA reviewed five (5) personnel records for, but not limited to: job application, health assessments, TB results, criminal record clearances, and first aid/CPR certification. All records were in order.

Report Continued on LIC 809-C

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 06/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/02/2026

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

NARRATIVE	
1	**INFECTION CONTROL/EMERGENCY DISASTER:** LPA reviewed the facility's infection control plan and
2	emergency disaster plan. LPA noted that the facility is in compliance with regulation. Facility conducts
3	emergency disaster drills as required with the last drill documented on 05/22/2026. The fire alarm
4	system is tested annually with the last inspection on 03/11/2026 by Erin Associated Industries. Fire
5	extinguishers were observed throughout the facility and last serviced on 05/01/2026.
6	
7	Pursuant to Title 22 Ca Code of Regulations and/or the Health and Safety Code, the following
8	deficiencies were cited (Refer to LIC 809-D).
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10	Exit interview conducted. A copy of the appeal rights and report were reviewed and provided.
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Created By: Quoc Huynh On 06/02/2026 at 02:56 PM
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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87465(a)(4)	

Incidental Medical and Dental Care Services

(4) The licensee shall assist residents with self-administered medications as needed.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on interview and record review, the licensee did not comply with the section cited above in R2's medication was not administered as prescribed which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 06/03/2026
	Plan of Correction
1 2 3 4	The Licensee will have a licensed professional conduct an in-service training with all Med-Techs and provide proof to CCLD by POC due date.

		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: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/02/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87465(a)(6)	

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 2 3 4	Based on record review, the licensee did not comply with the section cited above in R1's medication record was not maintained which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 06/16/2026
	Plan of Correction
1 2 3 4	The Licensee will have a licensed professional conduct an in-service training with all Med-Techs and provide proof to CCLD by POC due date.

		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: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/02/2026

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DATE: 06/02/2026