<meta name="robots" content="noindex">

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608466
Report Date: 06/18/2026
Date Signed: 06/18/2026 04:40:05 PM

Document Has Been Signed on 06/18/2026 04:40 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:	BELMONT VILLAGE ENCINO		FACILITY NUMBER:	197608466
ADMINISTRATOR/ DIRECTOR:	LANCE SHENK		FACILITY TYPE:	740
ADDRESS:	15451 VENTURA BLVD		TELEPHONE:	(818) 788-8870
CITY:	SHERMAN OAKS	STATE: CA	ZIP CODE:	91403
CAPACITY: 150		CENSUS: 116	DATE:	06/18/2026
TYPE OF VISIT:	Case Management - Deficiencies	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	11:57 AM
MET WITH:	Lance Shenk - Executive Director		TIME VISIT/ INSPECTION COMPLETED:	04:50 PM

NARRATIVE

Licensing Program Analyst (LPA) Quoc Huynh arrived unannounced at 11:57AM for a Case Management Deficiencies visit. The LPA met with the Executive Director (ED) Lance Shenk. Entrance interview conducted.

At 12:07PM, the LPA and ED toured the physical plant areas, and no immediate concerns were observed. Between approximately 12:50PM and 2:00PM, the LPA interviewed the ED and Director of Resident Care Services (DRCS) Karen Pasten, and reviewed Resident #1's (R1) records.

On 05/29/2026, the facility self-reported that R1 eloped from the facility on 05/28/2026. The Incident Report documented that at approximately 2PM, a staff observed R1 unattended approximately one (1) block away from the facility. The staff immediately notified the community and R1 was escorted back to the facility. R1 was then assessed by a nurse, appropriate notifications were made, and documentation including R1's care plan was updated. With consent, R1 currently utilizes a WanderGuard bracelet and the facility provided staff training regarding elopement protocols and prevention.

Report Continued on LIC 809-C

Kristin Heffernan
Quoc Huynh

	**DATE:** 06/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	**DATE:** 06/18/2026

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 N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364

FACILITY NAME: BELMONT VILLAGE ENCINO **FACILITY NUMBER:** 197608466
VISIT DATE: 06/18/2026

NARRATIVE

Interview with the ED and DRCS revealed that R1 had eloped through the lobby doors during the concierge staff's break change. There was additionally a community group outing in the lobby and it was reported that R1 walked through the group and out the door without staff noticing. The DRCS reported that R1 had eloped for approximately thirty (30) minutes where a care staff then observed R1 unattended outside of the community.

Review of R1's Physician Reported dated 03/10/2025 documented R1 to be confused/disoriented with mild cognitive impairment. R1 was not indicated to have wandering behavior, however was unable to leave the facility unattended due to cognitive decline.

Pursuant to Title 22 CA Code of Regulations and/or the Health and Safety Code, the following deficiency was cited (Refer to LIC 809-D).

Exit interview conducted. A copy of the appeal rights and report was reviewed and provided.

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 06/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/18/2026

Document Has Been Signed on 06/18/2026 04:40 PM **- It Cannot Be Edited**

Created By: Quoc Huynh On 06/18/2026 at 04:19 PM
Link to Parent Document Below:

FACILITY NAME: BELMONT VILLAGE ENCINO **FACILITY NUMBER:** 197608466

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 06/18/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Request Denied Type A 06/18/2026 **Section Cited** CCR 87464(f)(1)	1 2 3 4 5 6 7	(f) Basic services shall at a minimum include: (1) Care and supervision as defined in Section 87101(c)(3) and Health and Safety Code section 1569.2(c). This requirement was not met as evidenced by:	1 2 3 4 5 6 7	The facility provided staff in-service training regarding elopement procedures and preventions on 05/28/2026. POC cleared.
	8 9 10 11 12 13 14	Based on interview and record review, the Licensee did not comply with the section cited above as the Licensee did not meet R1's care and supervision needs that resulted in an elopement which posed/poses an immediate health, safety, and/or personal rights risk to residents in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

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: 06/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/18/2026