

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608685

Report Date: 01/22/2026

Date Signed: 01/22/2026 01:49:07 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
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FACILITY NAME: ATRIA SANTA CLARITA		FACILITY NUMBER: 197608685
ADMINISTRATOR/APRIL PRINCESA DIRECTOR:		FACILITY TYPE: 740
ADDRESS: 24431 LYONS AVE	TELEPHONE: (661) 254-9933	
CITY: SANTA CLARITA	STATE: CA	ZIP CODE: 91321
CAPACITY: 160	CENSUS: UNANNOUNCED	DATE: 01/22/2026
TYPE OF VISIT: Case Management - Incident	TIME VISIT/INSPECTION	11:45 AM
MET WITH: Venca Avivi	BEGAN: TIME VISIT/INSPECTION	02:15 PM
	COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Tuesday Cabiness conducted a case management visit regarding an
2 incident report submitted to Licensing concerning Resident #1 (R1) being observed leaving the facility
3 unassisted. According to the incident report, staff observed R1 walking on the sidewalk outside of the
4 community. Staff escorted R1 back to the facility. The report further stated that R1 exited the facility
5 through the back gate and was not immediately observed by staff.
6
7 During today's visit, LPA met with Resident Care Director Venca Avivi, who confirmed that R1 left the
8 facility. Venca reported that R1 is physically capable of leaving the facility; however, per physician's
9 orders, R1 is not permitted to leave unassisted due to physical limitations, not cognitive impairment.
10 Venca stated that R1 was taken to urgent care by R1's daughter and was diagnosed with a urinary tract
11 infection (UTI), which may have contributed to the incident. Facility staff reported there are currently no
12 concerns regarding R1. The facility will continue to monitor R1 closely and document any changes in
13 condition. LPA obtained and reviewed R1's current physician's report. At this time, no further review is
14 required.
15
16 During the visit, LPA also identified concerns regarding the facility Administrator on record, Eden
17 Tolentino. According to Eden, her designated back-up Administrator is Chad Jones, who resides in
18 Kentucky when Eden is not present at the facility. LPA spoke with Eden via telephone. Eden reported
19 she has not been physically present at the facility since January 05, 2026, and stated that Chad Jones
20 has been present full time.
21
22 (See LIC809C)
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan

NAME OF LICENSING PROGRAM ANALYST: Tuesday Cabiness

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/22/2026

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: ATRIA SANTA CLARITA

FACILITY NUMBER: 197608685

VISIT DATE: 01/22/2026

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>LPA requested submission of an updated LIC 308 (Designation of Administrative Responsibility) and LIC 501 (Personnel Report), reflecting the days and hours the Administrator is working at the facility. At this time, there is no full-time Administrator physically present at the facility. Eden reported she is fulfilling the Administrator licensing requirements. LPA will follow up with Eden and Chad regarding the requested documentation.</p> <p>An exit interview was conducted, and a copy of this report was provided to Venca Avivi.</p>

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan	
NAME OF LICENSING PROGRAM ANALYST: Tuesday Cabiness	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/22/2026
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