

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608687

Report Date: 10/16/2025

Date Signed: 10/16/2025 03:24:15 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.ASC, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME: EXCELLENT HOME CARE, LLC II	FACILITY NUMBER: 197608687
ADMINISTRATOR/AMY MORALES FREY	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 37208 27TH STREET EAST	TELEPHONE: (661) 949-3740
CITY: PALMDALE	STATE: CA
CAPACITY: 6	ZIP CODE: 93550
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
	DATE: 10/16/2025
	UNANNOUNCED TIME VISIT/INSPECTION: 10:30 AM
	BEGAN: TIME VISIT/INSPECTION: 02:00 PM
MET WITH: Amy Frey	COMPLETED:

NARRATIVE

1 Licensing Program Analyst (LPA) Melissa Spaeth conducted an unannounced visit and was greeted by
2 the caregivers . The Administrator Amy Frey arrived and confirmed there are five residents. The facility is
3 licensed for five (5) non-ambulatory residents and one bedridden resident.
4
5 LPA Spaeth reviewed the resident files from 10:45 am until 12:10 pm. LPA and the caregiver toured the
6 facility from 12:10 pm until 12:45 pm.
7
8 **Common Areas** – The family room, dining room, and kitchen are combined. The family room was
9 furnished with comfortable seating and a television. The dining room area contained a dining room table
10 and chairs.
11
12 **Kitchen** - LPA Spaeth observed a two-day supply of perishable food and a seven day supply of non-
13 perishable food. The knives were locked in a kitchen drawer. The cleaning solutions were locked
14 underneath the kitchen sink. The fire extinguisher is located in the kitchen and is operable.
15
16 **Medications:** LPA observed the resident medications, first aid kit, and PPE supplies were safely locked
17 in a hallway closet.
18
19 Continued on 809-C
20
21
22
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Troy Agard
NAME OF LICENSING PROGRAM ANALYST: Melissa Spaeth

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 10/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 10/16/2025

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 III, 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.ASC, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364</p>
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FACILITY NAME: EXCELLENT HOME CARE, LLC II

FACILITY NUMBER: 197608687

VISIT DATE: 10/16/2025

NARRATIVE	
1	Garage/Staff Room _ The door leading into the staff room and garage area was locked. LPA observed
2	the washer/dryer are located in the garage and additional cleaning solutions along with the laundry
3	detergent were stored in the garage. During LPA's tour, the door leading to the area was locked by staff.
4	
5	Resident Rooms: There are four resident rooms which were furnished with a bed, linens, night stand,
6	lamp and chair. The rooms were neat and clean.
7	
8	Bathrooms: There are two (2) bathrooms in the facility. The bathrooms contained hand soap, paper
9	towels, grab bars, trash can, and slip resistant mats.
10	
11	Water Temperature: The water temperature was tested at 12:20 pm and was 113 Degrees F.
12	
13	Additional Hallway Closet - LPA observed the clean linens were located in a cabinet.
14	
15	Surrounding Grounds: There were no visible hazards, and passageways were free from obstruction.
16	The side gate of the house was closed and was not locked. Comfortable seating is also located in the
17	shaded backyard.
18	
19	Smoke/Carbon Monoxide Detectors: The smoke and carbon monoxide detectors were tested at 12:40
20	pm and were operable.
21	
22	LPA reviewed the medications at 1:05 pm until 1:15 pm. LPA reviewed the staff files from 1:30 pm until
23	1:50 pm.
24	
25	
26	
27	
28	There were no issues to report.
29	
30	Exit interview conducted and a copy of the signed report was given.
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Troy Agard	
NAME OF LICENSING PROGRAM ANALYST: Melissa Spaeth	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 10/16/2025

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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 10/16/2025
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