

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608694
Report Date: 10/01/2025
Date Signed: 10/01/2025 12:57:09 PM

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

FACILITY NAME: VILLAGE AT SHERMAN OAKS, THE	FACILITY NUMBER: 197608694
ADMINISTRATOR/GRACE HARTNETT	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 5450 VESPER AVE	TELEPHONE: (818) 994-7900
CITY: SHERMAN OAKS	STATE: CA ZIP CODE: 91411
CAPACITY: 179	CENSUS: 151 DATE: 10/01/2025
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME VISIT/INSPECTION BEGAN: 10:03 AM
MET WITH: Grace Hartnett	TIME VISIT/INSPECTION COMPLETED: 01:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Trevor Byrne arrived to the facility at 10:03 AM to conduct an
2	unannounced Case Management visit at the facility today. LPA met with facility Executive Director (ED)
3	Grace Hartnett entrance interview conducted and the reason for the visit was explained.
4	
5	The purpose of today's visit was to follow-up on a self-reported incident that occurred on 09/17/2025.
6	During today's visit, the LPA conducted interviews with the Executive Director (ED), the Director of
7	Assisted Living (DOAL), and the Business Office Manager (BOM) between 10:05 AM and 11:53 AM.
8	
9	The self-reported incident report stated that Resident #1 (R1) had missed administration of Medication
10	#1 (M1) on 09/17/2025. DOAL and facility staff conducted a review of the resident's medications and
11	observed that M1 had not been on hand at the facility since 08/04/2025. DOAL made contact with R1's
12	hospice company on 09/17/2025 and obtained a refill of M1 that same day. R1's family was notified of
13	the incident at the time of its occurrence. R1 was medically evaluated by a hospice nurse at the time of
14	the incident and no adverse reactions to the missed medications were noted. The facility has since
15	conducted in-service training with the employees involved and has coordinated with the hospice
16	company, veterans affairs, and R1's family to ensure there is no further delays in obtaining R1's
17	medications. During today's visit ED provided LPA with a copy of the facility's in-service training sign-in
18	sheet that was conducted in response to this incident.
19	
20	Pursuant to Title 22, California Code of Regulations, the following deficiency was cited (refer to LIC
21	9099-D.) Exit interview conducted and copy of the report and appeal rights were issued.
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez

NAME OF LICENSING PROGRAM ANALYST: Trevor Byrne

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/01/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/01/2025

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 Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

LIC809 (FAS) - (09/23)

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Created By: Trevor Byrne On 10/01/2025 at 12:41 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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FACILITY NAME: VILLAGE AT SHERMAN OAKS, THE

FACILITY NUMBER: 197608694

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/01/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 10/01/2025 Section Cited	1 87465 Incidental Medical and Dental 2 Care 3 (a) A plan for incidental medical and 4 dental care shall be developed... 5 (4) The licensee shall assist residents 6 with self-administered medications as 7 needed. This requirement is not met as evidenced by:		
	8 Based on record review and 9 interview the licensee did not comply 10 with the section cited above as R1 11 missed administration of their 12 prescribed Olanzapine between 13 08/04/2025-09/16/2025 which posed 14 a potential health risk to clients in care.	8 9 10 11 12 13 14	
	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	Kasandra Lopez
MANAGER:	

NAME OF LICENSING PROGRAM Trevor Byrne

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/01/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/01/2025