

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608694

Report Date: 11/04/2021

Date Signed: 11/04/2021 03:29:05 PM

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

FACILITY NAME: VILLAGE AT SHERMAN OAKS, THE	FACILITY NUMBER:	197608694
ADMINISTRATOR: PAMELA MUNDAY	FACILITY TYPE:	740
ADDRESS: 5450 VESPER AVE	TELEPHONE:	(818) 994-7900
CITY: SHERMAN OAKS	STATE: CA	ZIP CODE: 91411
CAPACITY: 100	CENSUS: 67	DATE: 11/04/2021
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME BEGAN:	01:52 PM
MET WITH: Yazmin Hernandez - Enliven Director	TIME COMPLETED:	03:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Brian Balisi conducted an unannounced case management visit in
2	regard to a self reported incident that occurred on October 26, 2021. On that date Resident 1 (R1) was
3	sitting and yelling inside of the dining room when Staff (S1) screamed at resident to "Shut up".
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5	Between 02:00pm – 03:30pm, LPA conducted a physical plant, reviewed and obtained copies of
6	documents pertinent to the incident and interviewed staff.
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8	LPA did not observe any immediate health and safety concerns at this time.
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10	Further review required prior to LPA concluding the investigation for the incident received on
11	10/26/2021.
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15	Exit interview conducted. Report issued and sent via email.
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NAME OF LICENSING PROGRAM MANAGER: Desaree Perera

NAME OF LICENSING PROGRAM ANALYST: Brian Balisi

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 11/04/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 11/04/2021

This report must be available at Child Care and Group Home facilities for public review for 3 years.