

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608694

Report Date: 03/05/2026

Date Signed: 03/05/2026 05:26:12 PM

Document Has Been Signed on 03/05/2026 05:26 PM - It Cannot Be Edited

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:	TELEPHONE: (818) 994-7900
ADDRESS: 5450 VESPER AVE	ZIP CODE: 91411
CITY: SHERMAN OAKS	STATE: CA
CAPACITY: 179	CENSUS: 168
TYPE OF VISIT: Required - 1 Year	DATE: 03/05/2026
	UNANNOUNCED TIME VISIT/INSPECTION 11:18 AM
	BEGAN: TIME VISIT/INSPECTION 05:30 PM
MET WITH: Grace Hartnett	COMPLETED:

NARRATIVE	
1	Licensing Program Analysts (LPAs) Quoc Huynh and Trevor Byrne arrived at the facility unannounced to
2	conduct the required annual visit beginning at 11:18 AM. LPAs met with facility Executive Director (ED)
3	Grace Hartnett. Entrance interview conducted and the reason for the visit was explained.
4	
5	The facility has three (3) floors divided into separate areas of memory care, assisted living, and
6	independent living occupants. The facility is licensed in Building A on the 1st, 2nd and 3rd floor and In
7	Building B, only on the 2nd floor as an RCFE.
8	
9	Beginning at approximately 12:30 PM, the LPA, along with facility Administrator toured the physical plant
10	areas inside and outside to ensure there are no health and safety hazards and that facility is in
11	compliance with Title 22 Regulations. The following was observed:
12	
13	BEDROOMS: There are One-Hundred sixty-three (163) bedrooms in the facility, one-hundred and forty
14	one (141) are assisted living bedrooms and twenty two (22) are memory care bedrooms. LPA and the
15	facility Administrator toured sixteen (16) resident rooms. All resident rooms were observed to be
16	furnished appropriately with clean linens, appropriate furnishings, and sufficient lighting. LPA tested the
17	emergency pull cords in two (2) resident rooms. The staff's response time did not exceed six (6)
18	minutes.
19	
20	BATHROOMS: All resident bedrooms in the facility have attached private bathrooms and shared
21	bathrooms are located throughout the common areas of the facility. All bathrooms LPA inspected were
22	observed to be clean and in good repair and all were equipped with nonskid surfaces. Grab bars were
23	observed in all showers and near all toilets, all were properly secured. The water temperature was
24	measured between 106.0 and 113.7 degrees Fahrenheit, which is in compliance with regulation.
25	Continued on LIC 809C.

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST: Trevor Byrne

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/05/2026

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
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FACILITY NAME: VILLAGE AT SHERMAN OAKS, THE

FACILITY NUMBER: 197608694

VISIT DATE: 03/05/2026

NARRATIVE	
1	KITCHEN/DINING ROOM: The LPA observed the kitchen area to be clean. Kitchen appliances
2	appeared to be in operable condition. The facility had a sufficient supply of two (2) days perishable and
3	seven (7) days non-perishable food. LPA observed the kitchen to contain adequate emergency food
4	supplies. LPA observed the kitchen entrance to be under staff observation. LPA observed the dining
5	room to be clean and properly furnished at the time of the visit. The dining room contained adequate
6	seating and tables for resident use.
7	
8	COMMON AREAS: LPA observed cameras to be located throughout the facility's hallways. LPA
9	observed the facility's activities room, libraries, theater, salon, art gallery, and gym. All common area
10	rooms were observed to be clean and in good repair. All furniture observed was in adequate condition
11	and was free from rips and tears. LPA observed locked janitorial closets and laundry rooms throughout
12	the facility's hallways. The facility had adequate indoor space to accommodate resident's activities. LPA
13	observed the entryway of the facility to contain two (2) properly screened fireplaces. LPA observed fire
14	extinguishers located throughout the facility to be last serviced on 08/18/2025. LPA observed the
15	facility's fire alarms, fire doors, emergency power generator, elevators, and sprinkler system to be
16	certified through 10/31/2027 and 05/31/2028. LPA observed the stairwells of the facility to be clear and
17	all stairwells were observed to contain evacuation chairs.
18	
19	OUTDOOR SPACE: LPA observed the outdoor spaces of the facility. LPA observed two (2) terraces and
20	one (1) outdoor yard. LPA observed the outdoor yard to contain an appropriately fenced off pool, a
21	greenhouse, and planter boxes utilized for resident activities. LPA observed clear passageways for
22	emergency exit use.
23	
24	MEDICATION REVIEW: Medication review began at 03:56 PM. Medications are stored centrally and
25	securely in two (2) medication rooms located in each wing of the facility. LPAs observed medications for
26	five (5) residents. All medications were observed to be documented appropriately on their respective
27	centrally stored medication and destruction record sheets.
28	
29	INTERVIEWS: LPAs interviewed five (5) residents and six (6) staff members. All residents interviewed
30	stated that the staff treat them well and are attentive to their needs. No residents interviewed had
31	concerns with the facility. All staff members interviewed were knowledgeable on their roles and
32	responsibilities, the resident's rights, the forms of abuse, and the appropriate reporting procedures for
	suspected abuse.
	Continued on LIC 809C.

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez

NAME OF LICENSING PROGRAM ANALYST: Trevor Byrne

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/05/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION
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FACILITY EVALUATION REPORT (Cont)WOODLAND HILLS N.ASC, 21731 VENTURA
BLVD. #250
WOODLAND HILLS, CA 91364**FACILITY NAME:** VILLAGE AT SHERMAN OAKS, THE**FACILITY NUMBER:** 197608694**VISIT DATE:** 03/05/2026**NARRATIVE**

1 **RECORD REVIEW:** Record review began at 12:47 PM. Staff and resident records were reviewed for
 2 documents including, but not limited to: TB test, physician's report, needs and service appraisal, consent
 3 forms, admission agreements, and personal rights. Ten (10) resident files were reviewed. All resident
 4 files contained all required documentation and signatures. Ten (10) staff files were reviewed. All staff
 5 files contained all required documentation and trainings. No deficiencies were observed during record
 6 review.

7
 8 **INFECTION CONTROL/EMERGENCY DISASTER PLANNING:** During today's visit, LPA reviewed the
 9 facility's infection control practices and the facility's emergency disaster plan. The facility's policies and
 10 procedures as they pertain to infection control are adequate. The facility's emergency disaster plan is up
 11 to date and is adequate. Disaster drills are conducted quarterly and the facility's last emergency disaster
 12 drill was conducted on 02/13/2026. Both the infection control plan and the emergency disaster plan are
 13 reviewed/updated annually by the facility's Administrator.

14
 15 During today's visit LPAs obtained a copy of the facility's emergency disaster plan, resident roster, LIC
 16 500. Administrator agreed to email LPA a copy of the liability insurance no later than end of day
 17 03/06/2026.

18
 19 No deficiencies were observed during today's inspection. Exit interview conducted and copy of the
 20 report was issued.

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez**NAME OF LICENSING PROGRAM ANALYST:** Trevor Byrne**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 03/05/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 03/05/2026