

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608711

Report Date: 12/13/2025

Date Signed: 12/13/2025 02:22:57 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:	FOOTHILL RETIREMENT CARE HOME	FACILITY NUMBER:	197608711
ADMINISTRATOR/CABRERA, MARIA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(818) 353-3350
ADDRESS:	6720 SAINT ESTEBAN STREET	ZIP CODE:	91042
CITY:	TUJUNGA	STATE:	CA
CAPACITY:	72	CENSUS:	60
TYPE OF VISIT:	Required - 1 Year	DATE:	12/13/2025
		UNANNOUNCED TIME VISIT/INSPECTION	09:10 AM
		BEGAN:	
MET WITH:	Gina Osuna - Wellness Director	TIME VISIT/INSPECTION	02:30 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Jose Tan met with Welness Director Gina Osuna for a One (1) Year
2 Required visit for this facility. LPA explained the reason for the visit.
3
4 A tour of the physical plant was conducted at 9:37 AM and the following was noted:
5
6 There is only one entrance being utilized at the facility, the front main entrance door. There are required
7 poster posted at the main door. Screening area is located immediately upon entrance with hand
8 sanitizer. There is also a sign in sheet, hand sanitizer, gloves and masks available. The facility had
9 submitted and approved Mitigation and Infection plan. The facility have designated visitors' area at the
10 back yard. The facility has sufficient stock of PPE in the storage.
11
12 The facility's smoke alarms are hard wired and tested regularly every month. Fire inspection was last
13 done on 08/14/25. The facility is also equipped with sprinkler system which was last tested on 03/18/25.
14 Fire extinguishers are located all throughout the facility and were last serviced on 03/04/25. Emergency
15 call system was tested on 03/18/25 and observed to be functional.
16
17 The facility has three (3) separate buildings on the same property. First property is the main building
18 consisting of living room, dining room, kitchen and offices. Second building is called the Cottages which
19 consists of six (6) individual units and the third building is the memory care unit (MCU) which has
20 delayed egress installed on all exit doors, MCU consists of dining room, medication room and beauty
21 shop. All indoor and outdoor passageways/exits were free of obstruction. There is no body of water in
22 the facility. The facility maintains a comfortable temperature at 73°F. (continued to LIC 809-C)
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Troy Agard

NAME OF LICENSING PROGRAM ANALYST: Jose Gary Tan



DATE: 12/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 12/13/2025

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.ASC, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
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FACILITY NAME: FOOTHILL RETIREMENT CARE HOME

FACILITY NUMBER: 197608711

VISIT DATE: 12/13/2025

NARRATIVE	
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	(continued from LIC 809) The facility is fire cleared for seventy two (72) non-ambulatory residents, Forty (40) of which may be bedridden. Approved for delayed egress and hospice waiver for ten (10) residents. Kitchen: The kitchen appeared clean and the appliances and fixtures functional during the time of visit. LPA observed a sufficient supply of perishable and non-perishable food and properly stored at the facility. Knives, cleaning agents, and other potentially hazardous items were locked and inaccessible. Bedrooms: The resident bedrooms were properly furnished with one chair, night stand and sufficient lighting for each resident. The bedrooms had appropriate and adequate bedding and linens such as sheets, pillowcases, mattress pads, and blankets. Bathrooms: LPA observed all bathrooms to be clean, properly supplied and equipped with functional fixtures. LPA observed grab bars and non-skid mats in all bathrooms. Residents have sufficient amounts of supplies for personal hygiene. Hot water was measured in random bathroom at the range of 107.8°F to 117.9°F and observed to be within the required range. Common Areas: These includes the living/activity room, dining room and outdoor areas. Facility common areas appeared to be clean and appropriately furnished at the time of this visit, no accessible hazards were observed. Surrounding Grounds (Outdoors): The property has a covered patio area behind the main building with chairs and additional umbrella covered tables. There is also a covered picnic area further back of the building. Laundry room is located in a separate structure near the garage. Medications were observed to be stored in designated Medication room in the MCU. The Medication room was observed to be locked at the time of visit. There is a complete set of first aid kit in the Medication room. Resident/Staff File Review: LPA reviewed records of five (5) random residents and six (6) staff. Resident and staff records appeared to be complete and updated. Exit interview conducted. Copy of this report issued,

NAME OF LICENSING PROGRAM MANAGER: Troy Agard NAME OF LICENSING PROGRAM ANALYST: Jose Gary Tan LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 12/13/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 12/13/2025
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