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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608878
Report Date: 09/04/2025
Date Signed: 09/04/2025 04:15:34 PM

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

FACILITY NAME:	MEADOWBROOK AT AGOURA HILLS			FACILITY NUMBER:	197608878
ADMINISTRATOR/ DIRECTOR:	JOEYVIC ALVARADO			FACILITY TYPE:	740
ADDRESS:	5217 CHESEBRO RD			TELEPHONE:	(818) 991-3544
CITY:	AGOURA HILLS	STATE: CA		ZIP CODE:	91301
CAPACITY: 185		CENSUS: 139		DATE:	09/04/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED		TIME VISIT/ INSPECTION BEGAN:	10:15 AM
MET WITH:	Joeyvic Alvarado			TIME VISIT/ INSPECTION COMPLETED:	04:30 PM

NARRATIVE

Licensing Program Analyst (LPA) Esther Cortez arrived at the facility unannounced to conduct a required annual visit. Upon arrival, the LPA met with Executive Director (ED), Joeyvic Alvarado and the reason for the visit was explained.

At 11:15 a.m., the LPA along with the ED toured the physical plant areas inside and outside to ensure there are no health and safety hazards and facility is in compliance with Title 22 Regulations. The following was noted:

KITCHEN: The LPA inspected the Memory Care kitchen/food service area and the Assisted Living kitchen/food area. Knives and sharps were stored and inaccessible at the time of the visit. Kitchen appliances appeared clean and were in operable condition at the time of the visit. The facility has a sufficient supply of perishable and non-perishable food. Refrigerator and food pantry were checked for proper labels and expiration dates.

COMMON AREAS: At the time of the visit, furniture in the common areas were observed to be in good condition. The facility maintained a comfortable temperature. The fire extinguishers were fully charged and were last serviced 05/06/2025. The LPA observed required postings throughout the common space. The LPA observed the stairwells and they each had an emergency evacuation chair. Activity Rooms were observed and clean at the time of visit. Fireplaces were observed adequately screened. The LPA observed an adequate supply of emergency food and water. At 11:15 a.m. the LPA observed a cleaning cart with chemicals accessible to the residents in care left unattended in a hallway inside the Memory Care unit. At 12:15 p.m. the LPA observed a cleaning cart unattended with chemicals accessible to the residents in care in a hallway in Assisted living. **(Report will continue on LIC 809-C, 2nd page...)**

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez

NAME OF LICENSING PROGRAM ANALYST: Esther Cortez **LICENSING PROGRAM ANALYST SIGNATURE:**	**DATE:** 09/04/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	**DATE:** 09/04/2025

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 N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364

FACILITY NAME: MEADOWBROOK AT AGOURA HILLS **FACILITY NUMBER:** 197608878

VISIT DATE: 09/04/2025

NARRATIVE

BEDROOMS: The LPA observed ten (10) randomly selected resident bedrooms, which were furnished appropriately with linens, appropriate furnishings, and sufficient lighting. The LPA observed a sufficient supply of towels and linens. Resident's cords were tested, LPA observed staff arrive in a timely manner. Smoke detectors were checked in all observed rooms and function properly during the visit. At 11:52 a.m. the LPA observed over the counter super greens 10 gummies, a tube of Voltaren Arthritis pain reliever cream, 2 icy hot lidocaine pain relievers bottles, a tube of triple antibiotic ointment in room 256, per the resident 1's (R1's) LIC602 they cannot store their own medication. At 12:04 p.m. the LPA observed over the counter medication in room 216, per the residents LIC602, it is unclear if they can administer and store own medication, however the LIC602 is from 2022 and resident is diagnosed with Dementia. At 12:11 p.m. the LPA observed a small prescribed bottle of Nystatin 1,000,000 unit/gm in room 177, per the resident 3's (R3's) LIC602, the resident cannot administer or store their own prescribed or over the counter medications.

RESTROOMS: The resident restrooms appeared clean and sanitary and in operating condition with grab bars and non-skid surfaces. The bathrooms were sufficiently stocked with supplies and paper towels; towels and washcloths are not shared in the private rooms. The hot water temperature was measured in ten (10) random bathrooms between 11:15 a.m. and 1:00 p.m., the temperature measured between 112 – 119.8 degrees Fahrenheit.

RECORDS: At 1:30 p.m. a review of facility files was initiated. Facility records are stored in a locked office. The LPA observed documentation of Infection Control, and Emergency Disaster plan . The LPA obtained Client Roster, Staff Roster, and Insurance Liability. The LPA reviewed five (5) resident files. Residents' records were reviewed for, but not limited to care plans, medical records, admissions agreement, consent forms. The LPA observed the following: R2's LIC602 is from 2022, and there is no documentation of resident's refusal to receive an annual routine visit or their representative's refusal on their behalf.

Due to time constraints the LPA will return at a later date to complete the annual inspection.

The following deficiencies were observed (See LIC 809-D.) and cited from the California Code of Regulations, Title 22 and California Health and Safety Code. Failure to correct the deficiencies may result in civil penalties. Exit interview conducted. A copy of the report and appeal rights were issued.

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST: Esther Cortez
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 09/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 09/04/2025

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Created By: Esther Cortez On 09/04/2025 at 03:20 PM
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DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 09/04/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87465(h)(2)	

Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in three residents rooms that were observed with prescribed medications or over the counter medications and residents could not store their own medications per their LIC602 which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 09/08/2025
	Plan of Correction
1 2 3 4	The Licensee will properly secure the medications from all three rooms and conduct training for staff regarding the requirements for centrally stored medications and send CCLD proof by POC due date.

		Section Cited			

	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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NAME OF LICENSING PROGRAM ANALYST: Esther Cortez
LICENSING PROGRAM ANALYST SIGNATURE:

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87309(a)	

Storage Space and Access

(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in two cleaning carts that were left unattended with chemicals accessible to the residents in care which posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 09/18/2025
	Plan of Correction
1 2 3 4	Both carts were locked upon observation. ED will conduct training for all staff regarding regulation 87309 in its entirety and submit proof no later than POC due date.

	Type B	Section Cited	CCR	87463(h)	

Reappraisals

(h) The licensee shall request that all residents receive an annual routine visit with a licensed medical professional once every twelve months, either in person or by video appointment.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in one resident who's last LIC602 is dated 11/08/2022 which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 09/18/2025
	Plan of Correction
1 2 3 4	Administrator will ensure each resident is offered an annual medical visit, either in person or via video, every twelve months. Administrator will review the above listed regulation and submit a statement of understanding to CCLD by POC due date,

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 MANAGER:	Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST:	Esther Cortez

LICENSING PROGRAM ANALYST SIGNATURE:	
	**DATE:** 09/04/2025
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