

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608878

Report Date: 08/19/2021

Date Signed: 08/19/2021 03:36:13 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: MEADOWBROOK AT AGOURA HILLS	FACILITY NUMBER: 197608878
ADMINISTRATOR: MATAN BURSTYN	FACILITY TYPE: 740
ADDRESS: 5217 CHESEBRO RD	TELEPHONE: (818) 991-3544
CITY: AGOURA HILLS	STATE: CA
CAPACITY: 185	ZIP CODE: 91301
TYPE OF VISIT: Required - 1 Year	CENSUS: 89
MET WITH: Matan Burstyn	DATE: 08/19/2021
	UNANNOUNCED TIME BEGAN: 11:00 AM
	TIME COMPLETED: 03:40 PM

NARRATIVE	
1	Licensing Program Analysts (LPAs) KaSandra Lopez and Martha Guzman-Chavez conducted an
2	unannounced Required 1 year inspection at the facility today. The LPAs met with Administrator Matan
3	Burstyn and explained the reason for today's inspection.
4	
5	At 11:05 AM the LPAs and administrator began a physical plant tour. Infection control practices were
6	reviewed with the administrator and observed during the inspection. Required signs were observed
7	during the inspection. The facility's dining room and kitchen were observed. The facility had a sufficient
8	supply of perishable and non-perishable food and food was stored at appropriate temperatures. A
9	random selection of four resident rooms in assisted living were observed between 11:17 AM and 11:44
10	AM. Smoke alarms were tested in each room and were operational. The water temperature was tested
11	and measured between 119.5 and 111.2 degrees F. The carbon monoxide detector in the dining room
12	was tested and operational. Fire extinguishers observed were fully charged and last serviced on
13	02/25/21. At 11:44 AM the medication room was observed. Medication is centrally stored and
14	inaccessible to residents in care. Medications for two residents were observed to be administered as
15	prescribed and recorded on the centrally stored medication records. First aid supplies were reviewed
16	and complete. Beginning at 12:02 PM the memory care unit was observed. Two resident rooms were
17	observed. Smoke alarms in the rooms were observed to be functional and hot water measured between
18	106 and 109.4 degrees F. At 1:06 PM facility record review of six resident files and four staff records
19	began. The administrator was advised licensing fees are due on 09/03/21.
20	
21	No deficiencies were observed during today's inspection. Exit interview conducted and report reviewed
22	with the administrator. A copy of the report will be emailed to the administrator.
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera
NAME OF LICENSING PROGRAM ANALYST: Kasandra Lopez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/19/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/19/2021

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