

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608998

Report Date: 03/09/2021

Date Signed: 03/09/2021 03:41:16 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., STE. 250 WOODLAND HILLS, CA 91364 |
| FACILITY EVALUATION REPORT | |

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| FACILITY NAME: CANYON TRAILS AT TOPANGA SENIOR LIVING | FACILITY NUMBER: 197608998 |
| ADMINISTRATOR: SUSAN WEISBARTH | FACILITY TYPE: 740 |
| ADDRESS: 7945 TOPANGA CANYON BLVD | TELEPHONE: (818) 716-9900 |
| CITY: CANOGA PARK | STATE: CA ZIP CODE: 91304 |
| CAPACITY: 120 | CENSUS: DATE: 03/09/2021 |
| TYPE OF VISIT: Office | UNANNOUNCED TIME BEGAN: 10:00 AM |
| MET WITH: Susan Weisbarth | TIME COMPLETED: 11:00 AM |

| NARRATIVE | |
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| 1 | Licensing Program Analyst (LPA) Wendell Smith conducted a virtual office visit to go over a Decision |
| 2 | and Order. The decision and order was served on 3/5/21 and is effective 3/15/21. LPA met with |
| 3 | administrator Susan Weisbarth and read over the Decision and Order in all aspects to ensure |
| 4 | understanding. |
| 5 | Exit interview conducted. Copy of report emailed for signature. |
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NAME OF LICENSING PROGRAM MANAGER: Cassandra Harris

NAME OF LICENSING PROGRAM ANALYST: Wendell Smith

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 03/09/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 03/09/2021

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