

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 197608998

Report Date: 03/09/2021

Date Signed: 03/09/2021 03:41:16 PM

**Document Has Been Signed on 03/09/2021 03:41 PM - It Cannot Be Edited**

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	
<b>FACILITY EVALUATION REPORT</b>			
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
<b>NARRATIVE</b>			
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.**