

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609497
Report Date: 03/09/2026
Date Signed: 03/09/2026 02:13:07 PM

Document Has Been Signed on 03/09/2026 02:13 PM - It Cannot Be Edited

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

FACILITY NAME:	GOLDEN HEART VILLA	FACILITY NUMBER:	197609497
ADMINISTRATOR/TAMAYO, SUZETTE M.		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	24352 CHERYL KELTON PL	TELEPHONE:	(661) 670-8625
CITY:	NEWHALL	STATE: CA	ZIP CODE: 91321
CAPACITY: 6		CENSUS: 6	DATE: 03/09/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	11:45 AM
		BEGAN:	
MET WITH:	Suzette Tamayo	TIME VISIT/INSPECTION	02:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Tuesday Cabiness met with Suzette Tamayo for a Required One (01) Year visit. LPA explained the reason for the visit.
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5	The common areas that including the living/dining, resident and bathrooms were inspected. The facility has a total of four (5) bedrooms and two (02) bathrooms. The current census is (06) residents.
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9	Kitchen is sufficiently stocked with at least two (02) days perishable and seven (07) days non-perishable food. Frozen foods are wrapped and stored appropriately. Food storage and preparation areas are clean and inaccessible to pests. Knives and sharps are observed to be locked and inaccessible to residents. There are (2) extra refrigerators in the garage stocked with food and water.
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16	The living and dining room are neat and clean. The facility maintains a comfortable temperature. The smoke and carbon monoxide detectors are hardwired, interconnected and observed to be operational. Fire extinguisher is located near the kitchen and observed to be fully charged.
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22	The facility has outdoor furniture with a covered shaded area for residents and visitors. The facility does not have a swimming pool/body of water. The garage is currently being used for storage. Laundry detergents, cleaning agents and other toxins are locked away.
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NAME OF LICENSING PROGRAM MANAGER:	Nichelle Gillyard
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/09/2026

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

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: GOLDEN HEART VILLA **FACILITY NUMBER:** 197609497
VISIT DATE: 03/09/2026

NARRATIVE	
1	The residents' rooms are adequately furnished with appropriate lighting system. The bathroom was checked for cleanliness and proper operations. The hot water temperature was measured at 107.6°F. There was enough clean linen available in the cabinets. LPA observed medication to be locked and inaccessible to residents. Facility maintains a complete first aid kit. Resident records were reviewed: no issues observed; all documents were current and up to date. Staff records: LPA reviewed Administrator's records and observed administrator certificate was expired: 07/21/2024. Administrator reported that the (2024) required education classes have been completed and she must complete (40) hours of education by 07/21/2026 to be current. All other staff files were current, including training records. Citation was issued. Exit interview conducted. Copy of this report issued.
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NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard NAME OF LICENSING PROGRAM ANALYST: Tuesday Cabiness LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 03/09/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 03/09/2026

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FACILITY NAME: GOLDEN HEART VILLA	FACILITY NUMBER: 197609497
DEFICIENCY INFORMATION FOR THIS PAGE:	VISIT DATE: 03/09/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87412(a)(6)(A)	
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Personnel Records

(A) For administrators this shall include verification that he/she meets the educational requirements in Section 87405(d) through (g).

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on record review, Administrator's certificate expired 07/21/2024. This poses as a potential health, safety or personal rights risk to persons in care.
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	POC Due Date: 03/13/2026
	Plan of Correction
1	Administrator agreed to submit completed (18) hours that was required for 2024 by the end of 03/13/2026. And will submit a written plan to LPA how she plans to complete the required (40) hours of education by 06/21/2026 before expiration 07/21/2026.
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	Type B	Section Cited	CCR	87412(a)(13)(B)1	
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Personnel Records

(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information: (13) For employees that are required to be fingerprinted pursuant to Section 87355, Criminal Record Clearance: (B) Documentation of either a criminal record clearance or a criminal record exemption as required by Section 87355(e). 1. For Certified Administrators, a copy their current and valid Administrative Certification meets this requirement.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on record review, Administrator's certificate expired 07/21/2024. This poses as a potential health, safety or personal rights risk to persons in care.
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	POC Due Date: 03/13/2026
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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	Nichelle Gillyard
MANAGER:	
NAME OF LICENSING PROGRAM	Tuesday Cabiness
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/09/2026