

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609518

Report Date: 03/21/2026

Date Signed: 03/26/2026 12:24:33 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:	BELMONT VILLAGE CALABASAS	FACILITY NUMBER:	197609518
ADMINISTRATOR/DIRECTOR:	CYNTHIA DRACHENBERG	FACILITY TYPE:	740
ADDRESS:	24141 VENTURA BLVD	TELEPHONE:	(818) 222-2600
CITY:	CALABASAS	STATE:	CA
CAPACITY:	165	ZIP CODE:	91302
TYPE OF VISIT:	Case Management - Annual Continuation	CENSUS:	112
MET WITH:	Cynthia Drachenberg	DATE:	03/21/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	12:45 PM
		INSPECTION COMPLETED:	06:15 PM

NARRATIVE	
1	Licensing Program Analysts (LPA) Zabel Chochian arrived at this facility to continue the required annual
2	inspection initiated on 3/10/2026. Upon arrival LPA met with the Executive Director (ED), Cynthia
3	Dachenberg and reason for the visit was stated.
4	
5	Beginning at 1pm the LPA and the ED toured the physical plant areas inside and outside to ensure there
6	are no health and safety hazards and community is in compliance with Title 22 Regulations. Kitchen:
7	Dining is located on the first floor and was observed to be clean and sanitary. The facility had a sufficient
8	supply of two-day perishable and seven-day nonperishable food. The menu was available for viewing
9	and the facility offers daily specials and a standard selection at every meal. Sufficient snacks and
10	beverages observed. Facility is also stocked with sufficient emergency food and water supply. A digital
11	system is used to capture residents prescribed diets, allergies, and food preferences.
12	
13	The facility is a three (3) story building. Resident rooms are located throughout three floors. The
14	neighborhood (memory care unit) is located on the first (1st) floor; Circle of Friends units and assisted
15	living units are located on the second (2nd) and third (3rd) floors. Common spaces on the first floor
16	include the reception area/lobby, bistro, dining room, and fitness room. The remaining floors each have
17	their common spaces for activities, and all observed appropriately furnished. All activity rooms and
18	theater appeared clean. Activity schedules are posted throughout the facility. There were no obstructions
19	and/or tripping hazards throughout the facility. There are fire extinguishers throughout the facility, which
20	were charged and last serviced 02/11/2026. Annual Fire alarm/sprinkler system was tested on 3/21/2025
21	by West Coast Fire. According to ED and records reviewed the annual inspection was completed and
22	repairs were made last week; they are wait for a retest. Copy of the retest/inspection will be sent to the
23	department once completed.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera
NAME OF LICENSING PROGRAM ANALYST: Zabel Chochian


DATE: 03/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/21/2026

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 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 CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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FACILITY NAME: BELMONT VILLAGE CALABASAS

FACILITY NUMBER: 197609518

VISIT DATE: 03/21/2026

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>Resident Units: The LPA toured ten (10) randomly selected rooms throughout the community. Rooms were furnished with clean linens, appropriate furniture and sufficient lighting. Restrooms: The resident units and common area restrooms observed fully stocked with supplies. Restrooms were clean and sanitary and in operating condition with grab bars and non-skid surfaces. During the resident room tours LPA interviewed ten (10) residents. The water temperature was tested throughout the visit including resident unit restrooms and public restrooms. Hot water measured between required range (105°F-120°F) in resident unit restrooms.</p> <p>MEDICATION: Medication review started at 2:30p.m. The LPA reviewed medications for two residents during the visit. Medications are centrally stored and inaccessible to residents in the Wellness Center located on the second floor. Two out of two resident medications reviewed; residents medication matched centrally stored medication record; one medication current used by resident that was filled in 2025 was missing the centrally stored record. According to staff and ED the record was pulled and filed in storage to thin out the current file. Staff and ED stated that they will pull the records from storage and moving forward staff will ensure that centrally stored medication records with medication resident is currently taking stay in the residents records.</p> <p>Memory care unit exit doors and fence gates observed locked and not a delayed egress system. ED received information that the memory care unit is a locked perimeter with no delayed egress on the exit doors. Follow-up needed to clarify if the facility memory care is cleared for locked perimeter or delayed egress. Fire clearance dated 2/16/2018 indicates "Delayed egress/locked perimeter approved for memory care".</p> <p>No deficiency cited during today's visit. Exit interview conducted. A copy of the report was provided.</p>

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera	
NAME OF LICENSING PROGRAM ANALYST: Zabel Chochian	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 03/21/2026