

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609621

Report Date: 01/07/2026

Date Signed: 01/07/2026 03:47:47 PM

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

FACILITY NAME:	GOLDEN ASSISTED LIVING	FACILITY NUMBER:	197609621
ADMINISTRATOR/DIRECTOR:	LOPEZ, MONIQUE	FACILITY TYPE:	740
ADDRESS:	14060 ASTORIA ST	TELEPHONE:	(818) 367-1947
CITY:	SYLMAR	STATE:	CA
CAPACITY:	128	ZIP CODE:	91342
TYPE OF VISIT:	Required - 1 Year	CENSUS:	114
		DATE:	01/07/2026
		UNANNOUNCED TIME VISIT/INSPECTION	09:37 AM
		BEGAN:	
MET WITH:	Monique Lopez - Administrator	TIME VISIT/INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analysts (LPAs) Jose Tan and Michael Cava conducted an unannounced Required
2 One (1) year inspection to this facility. LPAs met with Administrator Monique Lopez and explained the
3 purpose of the visit. At 9:55 AM LPAs conducted a tour of the facility inside and out with the
4 Administrator. The following were observed:
5
6 There is one main entrance being utilized at the facility. Screening area is located in the reception area.
7 Sign in log book, hand sanitizer and masks are available. The facility had submitted and approved
8 Mitigation Plan and Infection Control Plan. The facility has a designated visitor's area in the front of the
9 main building. The facility has sufficient stock of PPE in the storage room
10
11 The facility is a two (2) storey building and a basement. The facility is fire cleared for 128 ambulatory
12 residents, sixty (60) of which maybe non-ambulatory. Hospice waiver for twenty five (25) residents. The
13 basement has the Kitchen, Cafeteria, Activity room, Laundry Area, Staff break room and Storage rooms.
14 There are sixty four (64) shared bedrooms with own bathroom and eight (8) public bathrooms. There
15 were two (2) shaded smoking area in the surrounding backyard equipped with outdoor furniture. There
16 is no body of water in the facility.
17
18 **Common Areas:** The facility has two (2) elevators, both of which are working properly. The facility
19 maintains a comfortable temperature at 75°F. The facility's smoke alarms are hard wired and
20 interconnected and back up and tests are done in house on 04/03/24 and valid until 08/31/26 The facility
21 is equipped with sprinkler system which was last tested on 04/20/24 and valid until 04/30/26. Fire
22 extinguishers are located all throughout the facility and were last serviced on 10/14/25. Fire Drill was last
23 conducted on 12/18/25.
24
25

NAME OF LICENSING PROGRAM MANAGER: Troy Agard

NAME OF LICENSING PROGRAM ANALYST: Jose Gary Tan

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 01/07/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/07/2026**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 WOODLAND HILLS S.ASC, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
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FACILITY NAME: GOLDEN ASSISTED LIVING

FACILITY NUMBER: 197609621

VISIT DATE: 01/07/2026

NARRATIVE	
1	(continued from LIC 809)
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3	Personal accommodations in resident bedrooms and bathrooms were observed for safety, privacy, and
4	comfort. Random resident rooms were inspected and observed with all required furnishings, working
5	signal system, grab bars and nonskid surfaces in the bathrooms. Hot water temperature in random
6	resident bathrooms were checked and measured a range of 108.7°F to 116.2°F. There were enough
7	clean linen available.
8	
9	
10	
11	Basement: Kitchen and Cafeteria are located in the basement area the kitchen appeared clean,
12	odorless and free from insects. Kitchen is sufficiently stocked with at least two (2) days perishable and
13	seven (7) days non-perishable foods. Frozen foods are wrapped and stored appropriately. Kitchen was
14	observed to be inaccessible to residents. Activity calendars are posted on the elevators, boards and
15	Activity room. Laundry room is located in the basement and was observed to be locked during visit
16	
17	
18	At 2:20 PM, LPA reviewed records of six (6) random residents and six (6) staff. Resident and staff
19	records appeared to be complete and updated.
20	
21	Medications were observed to be locked in the medication room and inaccessible to residents. There
22	were two (2) complete first aid kits in the medication room.
23	
24	There is no health and safety hazard observed during this visit.
25	
26	Exit interview conducted. Copy of this report issued.
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32	

NAME OF LICENSING PROGRAM MANAGER: Troy Agard NAME OF LICENSING PROGRAM ANALYST: Jose Gary Tan LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/07/2026
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/07/2026
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