

Department of  
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609872  
Report Date: 08/01/2025  
Date Signed: 08/01/2025 02:55:17 PM

Document Has Been Signed on 08/01/2025 02:55 PM - It Cannot Be Edited

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

|                               |                     |                        |                  |
|-------------------------------|---------------------|------------------------|------------------|
| FACILITY NAME:                | ANAVERDES VILLA     | FACILITY NUMBER:       | 197609872        |
| ADMINISTRATOR/ESTRELLA, ERWIN |                     | FACILITY TYPE:         | 740              |
| DIRECTOR:                     |                     |                        |                  |
| ADDRESS:                      | 37335 PAINTBRUSH DR | TELEPHONE:             | (661) 526-7000   |
| CITY:                         | PALMDALE            | STATE: CA              | ZIP CODE: 93551  |
| CAPACITY: 6                   |                     | CENSUS: 6              | DATE: 08/01/2025 |
| TYPE OF VISIT:                | Required - 1 Year   | UNANNOUNCEDTIME VISIT/ |                  |
|                               |                     | INSPECTION             | 09:30 AM         |
|                               |                     | BEGAN:                 |                  |
| MET WITH:                     | Erwin Estrella      | TIME VISIT/            |                  |
|                               |                     | INSPECTION             | 01:00 PM         |
|                               |                     | COMPLETED:             |                  |

| NARRATIVE |                                                                                                              |
|-----------|--------------------------------------------------------------------------------------------------------------|
| 1         | Licensing Program Analyst (LPA) Melissa Spaeth conducted an unannounced annual visit on 8/01/2025            |
| 2         | and was greeted by the Administrator Erwin Estrella and two staff members. LPA stated the purpose of         |
| 3         | the facility was to conduct an annual inspection. Staff confirmed there are six residents living at the      |
| 4         | facility. The facility is licensed for six non-ambulatory residents; three of which can be bedridden. The    |
| 5         | facility has been approved for six hospice residents.                                                        |
| 6         |                                                                                                              |
| 7         | LPA and the staff member toured the facility at 10:00 am until 10:50 am.                                     |
| 8         |                                                                                                              |
| 9         | <u>Common Areas</u> – LPA observed the living room contained comfortable seating along with a television.    |
| 10        | The dining room area contained a dining room table and chairs.                                               |
| 11        |                                                                                                              |
| 12        | <u>Kitchen</u> – LPA observed the kitchen was neat and clean. The knives were securely locked in a kitchen   |
| 13        | cabinet. The facility contained a two day supply of perishable food and a seven day supply of non-           |
| 14        | perishable food items. A fire extinguisher is also located in the kitchen. The resident medications along    |
| 15        | with the first aid kit were locked in a kitchen cabinet.                                                     |
| 16        |                                                                                                              |
| 17        | <u>Resident Bedrooms</u> - There are five bedrooms in the home which are furnished with a bed, linens, night |
| 18        | stand, chest of drawers and a closet.                                                                        |
| 19        |                                                                                                              |
| 20        | <u>Hallway Closets</u> – LPA observed two hallway closets. Closet one is used for linens. Closet two was     |
| 21        | locked and contained hygiene, cleaning solutions and PPE supplies.                                           |
| 22        |                                                                                                              |
| 23        | Continued on 809-C                                                                                           |
| 24        |                                                                                                              |
| 25        |                                                                                                              |

|                                                   |
|---------------------------------------------------|
| NAME OF LICENSING PROGRAM MANAGER: Troy Agard     |
| NAME OF LICENSING PROGRAM ANALYST: Melissa Spaeth |

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/01/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/01/2025

**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.

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| FACILITY EVALUATION REPORT (Cont)                      |                                                                                                                                                                  |

FACILITY NAME: ANAVERDES VILLA

FACILITY NUMBER: 197609872  
VISIT DATE: 08/01/2025

| NARRATIVE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1         | <u>Bathrooms</u> - LPA observed the two bathrooms contained hand soap, paper towels, grab bars, and slip resistant mat.<br><br><u>Water Temperature</u> - LPA tested the water temperature at 10:55 am, which was 110 degrees F.<br><br><u>Laundry Room</u> – LPA observed the room was locked and contained washer, dryer and laundry detergent.<br><br><u>Smoke/Carbon Monoxide Detectors</u> – The detectors were tested at 10:50 am and were operable.<br><br><u>Backyard</u> - LPA observed the backyard which has a shaded area with seating.<br><br><u>Garage</u> - LPA observed the garage was locked. An additional refrigerator was located in the garage and contained additional food. The emergency water was stored in the garage. There were no safety issues to report.<br><br><u>Delayed Egress Devices</u> - LPA observed delayed egress devices on all exit doors and all devices were properly working.<br><br>LPA reviewed client records at 11:05 am until 11:30 am. LPA reviewed staff records at 11:35 am until 12:00 pm. LPA reviewed the residents' medications at 12:20 pm until 12:40 pm.<br><br>There are no deficiencies to report. Exit interview was conducted and a copy of the signed report was sent via email due to technical difficulties. |
| 2         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| NAME OF LICENSING PROGRAM MANAGER: Troy Agard<br>NAME OF LICENSING PROGRAM ANALYST: Melissa Spaeth<br>LICENSING PROGRAM ANALYST SIGNATURE: _____ |  | DATE: 08/01/2025 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.                                          |  |                  |
| FACILITY REPRESENTATIVE SIGNATURE: _____                                                                                                         |  | DATE: 08/01/2025 |