

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609931
Report Date: 12/09/2025
Date Signed: 12/09/2025 12:02:17 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.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME:	KAREN'S BOARD AND CARE, INC	FACILITY NUMBER:	197609931
ADMINISTRATOR/ZINKOFSKY, CLARITA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	17231 TUBA STREET	TELEPHONE:	(747) 239-1249
CITY:	NORTHRIDGE	STATE: CA	ZIP CODE: 91325
CAPACITY: 6		CENSUS: 6	DATE: 12/09/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	09:10 AM
		BEGAN:	
MET WITH:	Brandon Zinkofslay, Administrator	TIME VISIT/INSPECTION	12:20 PM
		COMPLETED:	

NARRATIVE	
1	On 12/09/25, at 9:10am., Licensing Program Analyst (LPA) Gina Saucedo arrived at the facility to
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5	LPA asked for the census, resident, and staff rosters. At the entrance of the facility there is a sign for
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9	The physical tour started at 10:20am. There is no garage but there is a carport area. There is also a
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13	Backyard: There is a table set and chairs for residents use. There is enough seating for six (6)
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17	Medications are in a cabinet locked and secured in the kitchen area. It is inaccessible to residents. The
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21	LIC 809C-continued
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NAME OF LICENSING PROGRAM MANAGER:	Troy Agard
NAME OF LICENSING PROGRAM ANALYST:	Gina Saucedo

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/09/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/09/2025

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: KAREN'S BOARD AND CARE, INC	FACILITY NUMBER: 197609931
	VISIT DATE: 12/09/2025

NARRATIVE	
1	Kitchen area was observed to be clean. The refrigerator is fully stacked for six (6) residents. LPA reviewed the food service area, food storage and supply (perishable and nonperishable foods). The kitchen food supply was observed and sufficient for the six (6) residents currently residing there. There is an excess of perishables in several of the cabinets. In addition, there is the YES sign, Rights of Residents and Ombudsman signs. There is a fire extinguisher located in the kitchen against the wall, dated April 2025 and fully charged. Living and dining room furniture is accessible for six (6) residents. There is a television and enough seating for six (6) residents. There is internet accessibility a phone line available for resident use. Furniture was observed to be in good condition and the fireplace has a covering around it. There is a laundry area with one (1) washer and dryer. The toxins and sharps are kept on the side and on top of the laundry area locked and secured inaccessible to he residents. There is smoke detectors and carbon monoxide detectors that are functional throughout the house. Bedrooms: There is seven (7) bedrooms. Six (6) bedrooms are single, occupied for residents, One (1) bedroom is for staff use. There is three (3) bathrooms. One (1) private bathroom is in a resident's room and one (1) full bathroom is in the hallway along with a half bathroom. The bathrooms read a temperature between 115 and 116 Fahrenheit. All bedrooms are properly furnished with proper lightning. The bathrooms have proper toiletry and grab bars. There are several extra closets in the hallway with extra linen. Temperature of facility wall thermostat is observed and set to 75 degrees Fahrenheit. Administrative: The administrator showed proof of insurance plan which is effective until 01/22/26. The last earthquake/fire drill was conducted in October 2025. Staff/Resident Files: Four (4) staff files were reviewed. Four (4) staff did not have a current CPR and one (1) staff was missing health screening. Six (6) resident files were reviewed. Six (6) files were missing resident appraisal. An exit interview was conducted, citation(s) were issued, appeals rights and a copy of this report was given to the administrator.
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NAME OF LICENSING PROGRAM MANAGER: Troy Agard	
NAME OF LICENSING PROGRAM ANALYST: Gina Saucedo	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 12/09/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 12/09/2025

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

FACILITY NAME: KAREN'S BOARD AND CARE, INC

FACILITY NUMBER: 197609931

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/09/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87211(g)	
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Reporting Requirements

(g) The licensee shall notify the Department, in writing, within thirty (30) days of the hiring of a new administrator. The notification shall include the following:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review the licensee did not comply with the section cited above in two (2) residents passed away and CCLD did not receive a death report which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 12/23/2025
	Plan of Correction
1 2 3 4	The administrator shall send all unusual incident death reports to LPA when a resident passes away within 7 days of occurrence.

	Type B	Section Cited	HSC	1569.618(c)(3)	
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Other Provisions

(c)The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following: (3) Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on the premises at all times. This paragraph shall not be construed to require staff to provide CPR.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on the record review, the licensee did not comply with the section cited above in four (4) out of four (4) staff did not have CPR training which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 12/23/2025
	Plan of Correction
1 2 3 4	All four (4) staff shall receive CPR training and send copy to LPA.

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 MANAGER:	Troy Agard
NAME OF LICENSING PROGRAM ANALYST:	Gina Saucedo
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 12/09/2025

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

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 21731 VENTURA BLVD., STE. 250
WOODLAND HILLS, CA 91364**FACILITY NAME:** KAREN'S BOARD AND CARE, INC**FACILITY NUMBER:** 197609931**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 12/09/2025**DEFICIENCIES & PLANS OF CORRECTION (POCs)****Type B****Section Cited****CCR****87412(a)(11)****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: (11) A health screening as specified in Section 87411, Personnel Requirements - General.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on the record review the licensee did not comply with the section cited above in one out of four
2 staff not having a health screening record on file which poses/posed a potential health, safety or
3 personal rights risk to persons in care.
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POC Due Date: 12/23/2025**Plan of Correction**

1 The licensee/administrator shall send health screening copy of the employee to LPA.
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Type B**Section Cited****CCR****87463(h)(1)****Reappraisals**

(h) The licensee shall request that all residents receive an annual routine visit with a licensed medical professional once every twelve months, either in person or by video appointment. (1) Documentation of the annual routine visit, such as a visit summary, shall be added to the resident's record.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on the record review the licensee did not comply with the section cited above in six out of six
2 residents did not have a resident appraisal/reappraisal and/or update appraisal which poses/posed a
3 potential health, safety or personal rights risk to persons in care.
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POC Due Date: 12/23/2025**Plan of Correction**

1 The licensee/administrator shall send a copy of the resident appraisal and/or updated reappraisal to
2 LPA.
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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.

Troy Agard

NAME OF LICENSING PROGRAM	
MANAGER:	
NAME OF LICENSING PROGRAM	Gina Saucedo
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 12/09/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 12/09/2025