

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609934
Report Date: 01/14/2026
Date Signed: 01/14/2026 05:34:16 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., STE. 250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME:	KAREN'S HOME FOR SENIORS, INC.	FACILITY NUMBER:	197609934
ADMINISTRATOR/ZINKOFSKY, CLARITA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	16822 ADDISON STREET	TELEPHONE:	(818) 886-8360
CITY:	ENCINO	STATE: CA	ZIP CODE: 91436
CAPACITY: 6		CENSUS: 5	DATE: 01/14/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	10:30 AM
		BEGAN:	
MET WITH:	Brandon Zinkofsky, Administrator	TIME VISIT/INSPECTION	05:45 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA), Tihesha Smith conducted an unannounced Required 1-year inspection at this facility. LPA was greeted by staff and disclosed the purpose of the visit. The administrator was contacted and arrived later.
2	
3	
4	
5	LPA conducted a tour of the physical plant at approximately 10:38 am to ensure there are no health and safety hazards and facility is in compliance with Title 22 Regulations.
6	
7	
8	
9	Common areas were observed for the ability to safely serve the needs residents. These included the kitchen/dining room combination, living room and family room. The common areas were checked for cleanliness and furniture was checked for functionality. Common areas observed to be furnished appropriately with adequate seating for residents.
10	
11	
12	
13	LPA reviewed the food service areas, food storage and supply (perishable and nonperishable foods). The kitchen food supply was observed and sufficient for the five (5) residents currently residing there. Two (2) days of
14	
15	
16	
17	perishable food observed. The freezer is stocked with meats and frozen vegetables. Sharps are stored in locked kitchen drawer. The resident medications and first aid kit stored in locked cabinet next to refrigerator and observed to be locked and inaccessible to residents. There is one (1) fire extinguisher attached to kitchen wall and observed to be charged.
18	
19	
20	
21	Laundry room is located in walk through next to kitchen The appliances observed to be functional. Toxins stored in locked floor cabinet next to dryer and was observed to be locked and inaccessible to residents.
22	
23	
24	
25	The facility has a total of five (5) bedrooms and two (2) bathrooms: one (1) bedroom for staff.

NAME OF LICENSING PROGRAM MANAGER:	Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST:	Tihesha Smith

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/14/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/14/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: KAREN'S HOME FOR SENIORS, INC.

FACILITY NUMBER: 197609934
VISIT DATE: 01/14/2026

NARRATIVE	
1	The residents' bedrooms were properly furnished with at least one chair, nightstand, and sufficient
2	lighting for
3	each resident. The bedrooms had appropriate and adequate bedding and linens such as sheets,
4	pillowcases,
5	mattress pads, and blankets. LPA observed a supply of linens in hall closet.
6	
7	Each bathroom had the following items available: hand soap, paper towels, and trash cans. The hot
8	water temperature was measured in bathrooms to ensure it was within the required range for residents'
9	comfort and safety. The water temperature range was measured at 117.7 and 120.5-degrees Fahrenheit
10	for main bathroom shower.
11	
12	Backyard has the following: (1) one patio table, umbrella with seating. Patio furniture observed to be in
13	good repair.
14	
15	Detached Garage: Used for storage of equipment and furniture. There is no body of water in the facility.
16	
17	
18	Storage shed used for storage in backyard observed to be locked and inaccessible to residents.
19	
20	Smoke detectors/carbon monoxide detector were tested and operable at time of visit.
21	
22	Facility grounds were free of hazards
23	
24	At approximately 11:30 am, LPA Smith reviewed files for the five(5) residents and three (3) staff. One
25	staff file not available for review. Additional visit may be required for follow-up to included but not limited
26	to: hospice admissions, fire clearance, and prohibited health condition.
27	
28	
29	Deficiencies cited on 809D
30	
31	Exit Interview Conducted / A Copy of the Report Issued
32	

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan	
NAME OF LICENSING PROGRAM ANALYST: Tihesha Smith	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/14/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/14/2026

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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 HOME FOR SENIORS, INC.**FACILITY NUMBER:** 197609934**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 01/14/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87555(b)(23)	
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General Food Service Requirements

(b) The following food service requirements shall apply: (23) All readily perishable foods or beverages capable of supporting rapid and progressive growth of micro-organisms which can cause food infections or food intoxications shall be stored in covered containers at appropriate temperatures.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on [(observation) food not properly stored, the licensee did not comply with the section cited above in which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 01/15/2026
	Plan of Correction
1	Send proof of proper food storage/statement on how to prevent issue in the future.
2	
3	
4	

		Section Cited			
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	Deficient Practice Statement
1	
2	
3	
4	
	POC Due Date:
	Plan of Correction
1	
2	
3	
4	

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	Naira Margaryan
MANAGER:	
NAME OF LICENSING PROGRAM	Tihesha Smith
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/14/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
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FACILITY NUMBER: 197609934

DEFICIENCY INFORMATION FOR THIS PAGE:

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87470(a)(2)(B)	
Infection Control Requirements					
(a) A licensee shall ensure that infection control practices are maintained as follows: (2) Environmental cleaning and disinfection activities shall be performed following the manufacturers' instructions for proper use of the cleaning and disinfecting products. These activities shall be completed, at a minimum, as follows: (B) Walls and window coverings in resident care areas shall be dusted or cleaned on a regular schedule to ensure they are safe and sanitary and when they are visibly contaminated or soiled.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on [(observation), blinds/window, vents sills dirty/dusty, the licensee did not comply with the section cited above in which poses potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 01/23/2026				
	Plan of Correction				
1	Provide pictures of cleaning and statement on prevention of issue in the future.				
2					
3					
4					
	Type B	Section Cited	CCR	87208(a)	

Plan of Operation					
(a) The licensee shall have and maintain a current, written definitive plan of operation for the facility. The licensee shall operate the facility in accordance with the terms specified in the plan of operation and may be cited for not doing so pursuant to Health and Safety Code section 1569.49. The plan and related materials shall be on file in the facility and shall be submitted to the licensing agency with the license application. Any significant changes in the plan of operation which would affect the services to residents shall be submitted to the licensing agency for approval. The plan and related materials shall contain the following:					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on (record review)], current insurance not available the licensee did not comply with the section cited above in which poses a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 01/23/2026				
	Plan of Correction				
1	Provide proof of insurance by poc.				
2					
3					
4					

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:	Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST:	Tihesha Smith

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/14/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/14/2026

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Created By: Tihesha Smith On 01/14/2026 at 05:11 PM
Link to Parent Document Below:

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 HOME FOR SENIORS, INC.

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DEFICIENCY INFORMATION FOR THIS PAGE:

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87412(a)	
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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:

This requirement is not met as evidenced by:

Deficient Practice Statement

1Based on at time of record review one or more staff records not available the licensee did not comply
2with the section cited above in [identifiers] which poses/posed a potential health, safety or personal
3rights risk to persons in care.
4

POC Due Date: 01/14/2026

Plan of Correction

1Cleared later same day. Adminstrator C.Z. dropped of staff file.
2
3
4

	Type B	Section Cited	CCR	87555(b)(27)	
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General Food Service Requirements

(b) The following food service requirements shall apply: (27) All kitchen areas shall be kept clean and free of litter, rodents, vermin and insects.

This requirement is not met as evidenced by:

Deficient Practice Statement

1Based on [(observation), counters/appliances not cleaned the licensee did not comply with the section
2cited above in] which poses potential health, safety or personal rights risk to persons in care.
3
4

POC Due Date: 01/23/2026

Plan of Correction

1Staff will clean areas and provided proof and statement on how to prevent issue in the future
2

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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NAME OF LICENSING PROGRAM ANALYST:	Tihesha Smith
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