

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609982
Report Date: 02/18/2026
Date Signed: 02/18/2026 03:16:31 PM

Document Has Been Signed on 02/18/2026 03:16 PM - It Cannot Be Edited

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

FACILITY NAME:	PARADISE IN THE VALLEY LLC	FACILITY NUMBER:	197609982
ADMINISTRATOR/COHEN, YEHUDA DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	13530 SHERMAN WAY	TELEPHONE:	(818) 902-9501
CITY:	VAN NUYS	STATE: CA	ZIP CODE: 91405
CAPACITY:	46	CENSUS: 34	DATE: 02/18/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	09:30 AM
MET WITH:	Yehuda Cohen	BEGAN: TIME VISIT/ INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Emily Peraldi arrived at the facility unannounced to conduct a required
2 annual visit. At 9:30 a.m., the LPA met with staff and explained the reason for the visit. At 9:38 a.m., the
3 Administrator Yehuda Cohen met with the LPA.
4
5 RECORD REVIEW: Between 9:47 a.m. and 12:00 p.m., the LPA conducted a file review for five (5)
6 residents and five (5) staff. Resident records were reviewed for, but not limited to: care plans, medical
7 assessments, admissions agreement, consent forms. Resident records were in order. Five (5) personnel
8 records were reviewed for, but not limited to: health assessments, criminal record clearances, first
9 aid/CPR training, and training documentation. Personnel files were in order. The LPA spoke with the
10 Administrator regarding required annual training and provided additional information. Facility fire and
11 disaster drill was last conducted on 01/24/2026. The LPA observed documentation for the Infection
12 Control Plan and Emergency and Disaster Plan. Administrator certificate is current and valid until
13 05/26/2026. During today's visit, the LPA obtained a copy of the facility's LIC 500, emergency disaster
14 plan, resident roster, surety bond and liability insurance.
15
16 At 12:50 p.m., the LPA along with the Administrator toured the physical plant areas inside and outside to
17 ensure there are no health and safety hazards.
18
19 The facility's smoke alarms are hard wired, and the facility is equipped with sprinkler system. The fire
20 sprinkler inspection (5-Year) was completed on 02/16/2022. Annual fire alarm test was conducted on
21 04/21/2025 and passed. During the time of the visit, the LPA and Administrator tested carbon monoxide
22 alarms, which functioned properly. Continued on LIC 809-C.
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST: Emily Peraldi

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 02/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/18/2026

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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250
	WOODLAND HILLS, CA 91364

FACILITY NAME: PARADISE IN THE VALLEY LLC

FACILITY NUMBER: 197609982

VISIT DATE: 02/18/2026

NARRATIVE	
1	KITCHEN: The LPA observed the kitchen and dining area. Knives are stored in the kitchen area and
2	remain inaccessible to residents. The LPA observed sufficient seating for all residents. A waiver was
3	granted on 02/28/2025 for the food to be prepared in the neighboring facility, Grand Valley Health
4	Center. The LPA observed snacks and beverages being available to residents.
5	
6	BEDROOMS: The LPA observed five (5) randomly selected resident rooms throughout facility. Rooms
7	were furnished with clean linens, appropriate furniture and sufficient lighting. Inside temperature was
8	maintained at a comfortable level.
9	
10	RESTROOMS: The LPA observed restrooms in five (5) resident units and common area restroom. All
11	restrooms were fully stocked with supplies. Restrooms were clean and sanitary and in operating
12	condition with grab bars and non-skid surfaces in the bathing units. Water temperature was tested
13	throughout the visit and measured within the required range, ranging between 113.5 and 118.4-degree
14	F.
15	
16	COMMON AREAS: The LPA observed common area to be relatively clean and properly furnished. The
17	LPA observed the fire extinguishers to be fully charged and last serviced on 09/10/2025. The LPA
18	observed required postings on the wall near the entrance. The LPA observed cameras installed in the
19	hallways, and at exterior of the building. The Administrator explained that the facility is going to update
20	the cameras. Cleaning solutions, toxins, chemicals and hazardous items were inaccessible and locked
21	away in the janitor closet. The laundry units are located inside near the Administrator's office.
22	
23	
24	OUTDOOR SPACE: The LPA observed the courtyard, which has a covered outdoor area for residents'
25	use. There are multiple emergency exits located throughout the facility. Passageways were free and
26	clear from obstruction. There were no bodies of water noted. The LPA observed a locked shed in the
27	courtyard area. Additionally, there is a detached building used for storage containing a supply of
28	emergency water, food, Personal Protection Equipment (PPE), first aid kits and other emergency
29	supplies.
30	
31	Starting at 1:07 p.m., the LPA conducted a review of medication and medication documentation with
32	staff for four (4) residents and observed that medications were properly documented and assisted with
	as prescribed. Medications and first aid kits are located in a locked medication room.
	No deficiencies cited. Exit interview conducted. A copy of the report was provided.

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST: Emily Peraldi
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 02/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 02/18/2026