

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609990
Report Date: 03/25/2026
Date Signed: 03/25/2026 08:12:25 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:	AMENA LOVE BOARD AND CARE	FACILITY NUMBER:	197609990
ADMINISTRATOR/JONES, MERCER		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	10751 VIKING AVE	TELEPHONE:	(747) 239-3247
CITY:	NORTHRIDGE	STATE: CA	ZIP CODE: 91326
CAPACITY: 6		CENSUS: 3	DATE: 03/25/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	10:20 AM
		BEGAN:	
MET WITH:	MERCER JONES- Administrator	TIME VISIT/INSPECTION	02:00 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Mariana Agban conducted an Annual Required visit and inspection of
2	the facility. LPA met with Administrator Mercer Jones and explained the reason for the visit. At
3	approximately 10:40 am, with the assistance of the Administrator, LPA took a tour of the physical plant,
4	facility temp at 77 degrees. Required postings were observed in the entry area. The smoke alarms and
5	carbon monoxide detectors are properly functioning. The fire extinguisher is located in the kitchen with
6	the date of purchase 02/18/26.
7	Kitchen: The kitchen appliances and fixtures were functional. LPA found a sufficient amount of
8	perishable and non-perishable food at the facility, properly stored. Knives were stored in a locked drawer
9	in the kitchen. Properly labeled medications were locked in one of the kitchen cabinets.
10	Bedrooms: The facility has five (5) bedrooms total. There were four(4) bedrooms designated for
11	residents' use. Currently, Room#1 is vacant. One(1) bedroom is designated for staff. All bedrooms, in
12	use by residents, were properly furnished with appropriate beddings and linens with sufficient lighting.
13	Bathrooms: There are five (5) bathrooms designated for residents' use. All bathrooms were properly
14	supplied and had functional fixtures. Water temperature in the bathrooms measured between 105 and
15	110 degrees F. No cleaning supplies were observed in the bathrooms during inspection.
16	Common Areas: These included the living room and dining area. The common areas were properly
17	furnished. Surrounding Grounds: Entry/exits were free of obstruction. There was furniture appropriate for
18	outdoor use. The outdoor area was free of hazards. The gates at both sides of the home were checked
19	to ensure no locks were installed, and that exits and passageways were clear for emergency
20	evacuation.
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22	(Continue on 809C)
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NAME OF LICENSING PROGRAM MANAGER: Mary G Flores
NAME OF LICENSING PROGRAM ANALYST: Mariana Agban

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/25/2026

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: AMENA LOVE BOARD AND CARE

FACILITY NUMBER: 197609990

VISIT DATE: 03/25/2026

NARRATIVE	
1	Garage/ Laundry Area: The garage is attached to the building. The garage is used as storage. There is also a freezer for additional perishable food items. Entry to the garage from inside the home is located by the kitchen. LPA observed the washer and dryer to be in good repair. No cleaning supplies or toxins were stored in the garage at the time of the visit. Resident Files: LPA conducted a file review of resident records to ensure compliance with licensing forms. LPA observed that three out of three residents don't have an updated Physician Report (LIC 602). Staff Workstation/Office: There is a staff office located in the living room, where staff records are kept and locked in a filing cabinet. Staff Files: LPA also conducted a file review of staff records to ensure forms comply. During the records review, LPA observed that staff files did not document annual training as specified in Health and Safety Code sections 1569.625 Administrator stated that all required documents will be emailed to LPA Agban promptly. Medications: Medications and Medication Records were reviewed for proper documentation. Exit interview conducted, citations issued, appeal rights given, and a copy of this report signed and delivered.
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NAME OF LICENSING PROGRAM MANAGER: Mary G Flores	
NAME OF LICENSING PROGRAM ANALYST: Mariana Agban	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 03/25/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/25/2026

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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:** AMENA LOVE BOARD AND CARE**FACILITY NUMBER:** 197609990**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 03/25/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87506(b)(10)	
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Resident Records

(b) Each resident's record shall contain at least the following information: (10) Reports of the medical assessment specified in Section 87458 Medical Assessment, and of any special problems or precautions.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above in [count] out of [total count] [(objects) (persons)] [identifiers] which poses/posed a potential health, safety or personal rights risk to persons in care.
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	POC Due Date:
	Plan of Correction
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	Type B	Section Cited	HSC	1569.695(c)	
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Other Provisions

(c) A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on [(observation) (interview) (record review)], the licensee did not comply with the section cited above in [count] out of [total count] [(objects) (persons)] [identifiers] which poses/posed a potential health, safety or personal rights risk to persons in care.
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	POC Due Date:
	Plan of Correction
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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.

NAME OF LICENSING PROGRAM Mary G Flores**MANAGER:****NAME OF LICENSING PROGRAM** Mariana Agban**ANALYST:****LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 03/25/2026**I acknowledge receipt of this form and understand my appeal rights as explained and received.**

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 03/25/2026

Created By: Mariana Agban On 03/25/2026 at 01:40 PM
Link to Parent Document Below:

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FACILITY NAME: AMENA LOVE BOARD AND CARE

FACILITY NUMBER: 197609990

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/25/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87411(c)	
All RCFE staff who assist residents with personal activities of daily living shall receive initial and annual training as specified in Health and Safety Code sections 1569.625 and 1569.69. This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on record review, the licensee did not comply with the section cited above. Facility staff did not receive annual training which poses/posed a potential health, safety or personal rights risk to persons in care.				
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	POC Due Date: 04/08/2026				
	Plan of Correction				
1	Administrator agreed to provide proof of training by the POC date.				
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		Section Cited			

	Deficient Practice Statement
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	POC Due Date:
	Plan of Correction
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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.

NAME OF LICENSING PROGRAM MANAGER:	Mary G Flores
NAME OF LICENSING PROGRAM ANALYST:	Mariana Agban

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/25/2026