

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610121

Report Date: 03/04/2026

Date Signed: 03/04/2026 03:19:32 PM

Document Has Been Signed on 03/04/2026 03:19 PM - It Cannot Be Edited

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

FACILITY NAME: WEST HILLS ASSISTED LIVING	FACILITY NUMBER: 197610121
ADMINISTRATOR/EDGARDO GALANG	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 7055 SHOUP AVENUE	TELEPHONE: (818) 883-7201
CITY: WEST HILLS	STATE: CA
CAPACITY: 90	ZIP CODE: 91307
TYPE OF VISIT: Required - 1 Year	CENSUS: 59
	DATE: 03/04/2026
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 09:00 AM
MET WITH: Chris Salvador and Ed Galang	TIME VISIT/INSPECTION
	COMPLETED: 03:15 PM

NARRATIVE

1 At approximately 9:00 a.m. on 03/04/26, Licensing Program Analyst (LPA) Nicholas Reed conducted an
2 unannounced annual visit. LPA met with staff and later the administrator and disclosed the reason for
3 the visit.
4
5 The facility is a two-story building with private and shared bedrooms, private and public bathrooms,
6 common areas, activity rooms, living rooms on both floors, dining room, laundry areas on both floors,
7 and outdoor areas. It has an approved fire clearance for thirty (30) ambulatory residents and sixty (60)
8 non-ambulatory residents, of which fifteen (15) may be bedridden. Approved hospice waivers for thirty
9 (30) residents. The administrator noted ongoing renovations including additional laundry appliances
10 upstairs, as well as kitchen and dining room repairs.
11
12 LPA observed postings near the main entrance and medication room for COVID precautions, visitation
13 policy, emergency disaster plan, Ombudsman contacts, confidential complaint contacts, theft and loss
14 policy, house rules, resident rights, rights of resident councils, facility sketch with evacuation routes,
15 weekly menus, activity schedules, emergency contacts, and nondiscrimination policy.
16
17 The front yard was maintained. The lobby area was clean and contained appropriate seating, visitor
18 logs, water, a mounted digital thermometer, mailboxes, and a reception area. The activity room near the
19 main entrance contained furniture in good repair, a piano, reading material, and a television. Cameras
20 were observed common areas and exterior areas. The front outdoor area was accessible from the
21 television room. The outdoor area contained patio furniture in good repair and was shaded by umbrellas.
22 At approximately 9:20 a.m. LPA observed fully-charged fire extinguishers near the front lobby, kitchen,
23 and in the upstairs and downstairs hallways. They were last serviced on 02/13/26 and had tags
24 attached. Another activity room near the dining room contained music supplies, art supplies, board
25 games, a new vending machine,

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan

NAME OF LICENSING PROGRAM ANALYST: Nicholas Reed

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/04/2026

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.

FACILITY NAME: WEST HILLS ASSISTED LIVING

FACILITY NUMBER: 197610121

VISIT DATE: 03/04/2026

NARRATIVE

1 contained residents snacks. A medication review was conducted around 12:00 p.m. Six (06) out of six
2 (06) resident medications were stored in the correct quantities.
3
4 At 12:45 p.m. LPA reviewed resident and personnel files. All files and physician orders were complete
5 and available for audit. LPA also reviewed updated liability insurance, in-service trainings, dietitian
6 reports, and annual fire inspection tests from 01/08/26.
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8 No immediate health or safety hazards were observed during today's visit.
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10 Exit interview conducted. Copy of report provided.
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NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan

NAME OF LICENSING PROGRAM ANALYST: Nicholas Reed

LICENSING PROGRAM ANALYST SIGNATURE:

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