

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610145
Report Date: 04/01/2021
Date Signed: 04/05/2021 07:20:04 AM

Document Has Been Signed on 04/05/2021 07:20 AM - It Cannot Be Edited

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:	AARON'S CARE VILLA	FACILITY NUMBER:	197610145
ADMINISTRATOR:	SALUNGA, ALBERT	FACILITY TYPE:	740
ADDRESS:	11328 WOODLEY AVE	TELEPHONE:	(747) 237-0417
CITY:	GRANADA HILLS	STATE:	CA
CAPACITY:	6	ZIP CODE:	91344
TYPE OF VISIT:	Prelicensing	CENSUS:	5
MET WITH:	Albert Salunga - Administrator	DATE:	04/01/2021
		UNANNOUNCED TIME BEGAN:	01:02 PM
		TIME COMPLETED:	04:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Gary Tan conducted an announced virtual Pre Licensing tele visit to
2	this facility and met with applicant representatives Myline Olivas and Albert Salunga. The applicant is
3	"Bridge for Seniors Corp". Fire Clearance dated 01/04/2021 was received for six (6) non-ambulatory
4	residents, one (1) of which may be bedridden on room #5.
5	
6	Purpose of today's visit is to inspect the facility to ensure that the facility is in compliance with the rules
7	and regulations of California Code of Regulations, Title 22, Division 6.
8	
9	Facility is a single storey home. Today's site visit consisted of LPA touring the physical plant inside and
10	outside and observed the following:
11	
12	The facility dual smoke/carbon monoxide alarm system is hard wired and interconnected. The fire
13	extinguisher is located in the kitchen and was observed to be fully charged and last inspected on
14	09/22/2020. Dual Smoke and Carbon Monoxide detectors were observed all over the facility, tested and
15	observed to be operational. Hot water was tested in the common bathroom and measured at 112.0°F.
16	There is a functioning telephone on the premises. An emergency exit plan/sketch is posted on the
17	hallway wall with other posting requirements. There are five (5) resident bedrooms, four (4) private and
18	one (1) one shared room. Resident bedrooms were observed to be appropriately furnished. There is an
19	additional bedroom designated for staff use only. The common areas (living room, kitchen and dining
20	areas) were appropriately furnished and lighting was adequate. The living room has a television and
21	comfortable furniture. Resident and staff records is stored in a cabinet in the kitchen area. Medications
22	are stored in a locked cabinet also in the kitchen area. The first aid kit is readily available. There are two
23	(2) bathrooms in the facility. All are common bathroom and have non-skid mat and appropriate grab bars
24	installed.
25	
	(continued on LIC 809-C)

NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST: Jose Gary Tan

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/01/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/01/2021

This report must be available at Child Care and Group Home facilities for public review for 3 years.

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 (Cont)

FACILITY NAME: AARON'S CARE VILLA

FACILITY NUMBER: 197610145

VISIT DATE: 04/01/2021

NARRATIVE

1 (continued from LIC 809)

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The kitchen knives are stored in a locked drawer in the kitchen. Kitchen cleaning supplies are stored in a locked cabinet under the kitchen sink. Laundry detergents, cleaning supplies and other toxins are stored in the locked cabinet in the laundry area. The laundry area is located outside near the patio in the backyard. The necessary precautions have been made to the facility to safely house dementia residents such as auditory alarms on all doors and locked areas for centrally stored medications. Facility appears to be clean and in good repair. Appliances in the kitchen appeared to be functional.

There is a sitting area in the backyard for residents to conduct outdoor activities. The backyard is fenced. There is no garage at the facility, only driveway. There is no body of water in the facility. There is a shed in the backyard being used as storage.

Component III is conducted with the administrator.

Facility is in compliance with Title 22 Regulations at this time. This report will be forwarded to the Centralized Application Bureau (CAB). You will be notified by the CAB Analyst when your license has been approved.

A telephonic exit interview was conducted with Licensee Representative Albert Salunga and a hard copy was provided via email for signature.

NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard

NAME OF LICENSING PROGRAM ANALYST: Jose Gary Tan

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/01/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

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