

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610155
Report Date: 06/24/2025
Date Signed: 06/24/2025 12:44:27 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.ASC, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364	
FACILITY EVALUATION REPORT			
FACILITY NAME: MAMELEH & TATELEH'S UPSCALE LIVING		FACILITY NUMBER:	197610155
ADMINISTRATOR/CHO, DANIEL D.		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	18847 THORN CREST COURT	TELEPHONE:	(213) 392-2325
CITY:	SANTA CLARITA	STATE: CA	ZIP CODE: 91351
CAPACITY: 6	CENSUS: 4	DATE:	06/24/2025
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	09:45 AM
MET WITH: Irma Parchejo & Daniel Cho		BEGAN: TIME VISIT/INSPECTION	12:50 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Tuesday Cabiness conducted annual inspection. LPA was greeted by		
2	caregiver Irma Parchejo, who allowed LPA to enter. Administrator Daniel Cho was notified and arrived		
3	shortly after. Licensing signs and postings located throughout the facility on the walls. Today's current		
4	census is (4).		
5			
6	A physical plant inspection of the inside and outside was conducted with LPA and caregiver Irma and		
7	Administrator.		
8			
9	Kitchen: LPA observed Licensing requirement of (7) day nonperishable, and (2) perishable, with extra		
10	refrigerator and freezer located in the garage area; stocked with food. Food was properly wrapped, and		
11	appliances were functional, clean, and in good repair. Chemicals, household supplies, knives, and		
12	hygiene products, were locked and secured located in the garage and kitchen area. Living/dining: All		
13	indoor passageways were free from obstruction; inside temperature was comfortable, with adequate		
14	lighting, and all areas were clean and appropriately furnished for resident's comfort. Bedrooms: The		
15	facility has (5) bedrooms for residents; with (1) shared, and (4) private. All bedrooms were properly		
16	furnished and supplied with appropriate bedding and linens. There were sufficient linens observed and		
17	available. Bathrooms: There are (3); all were clean, with soap and towels, grab bars, and non-skid		
18	mats. Hot water measured at 116.8 degrees Fahrenheit. Surrounding Grounds: The facility has		
19	outdoor furniture, for resident's comfort. Laundry detergents, cleaning agents and other toxins are stored		
20	in a locked cabinet in the laundry room. All exit doors have alarms and were operating properly. Fire		
21	extinguishers were (3) years old expired. Need to be replaced. First aid kit furnished fully equipped, but		
22	missing a current manual. Smoke alarms and carbon monoxide detectors were tested and operating		
23	properly.		
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Troy Agard			
NAME OF LICENSING PROGRAM ANALYST: Tuesday Cabiness			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/24/2025

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: MAMELEH & TATELEH'S UPSCALE LIVING

FACILITY NUMBER: 197610155

VISIT DATE: 06/24/2025

NARRATIVE	
1	Garage area, LPA observed a queen size bed with personal items that belong to staff. Administrator will remove the bed and replace with a couch for a lounge area for staff. Facility is observed not to be operating according to there plan of operation. Record review: A complete record review of staff and residents were conducted. Staff files were current with training and first aide/CPR certifications. Resident records were missing several documents: Resident # 1 was missing a needs and service plan, and an updated re-appraisal record. Resident # 2: was missing a pre-placement appraisal and resident appraisal, needs/service plan, and safeguard for property valuables record. Citations issued, appeal rights, exit interview conducted and copy of report provided to Administrator.
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NAME OF LICENSING PROGRAM MANAGER: Troy Agard	
NAME OF LICENSING PROGRAM ANALYST: Tuesday Cabiness	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/24/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/24/2025

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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: MAMELEH & TATELEH'S UPSCALE LIVING

FACILITY NUMBER: 197610155

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/24/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87208(a)	
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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 (observation), LPA observed a queen size bed and personal items, such as clothing for staff # 2. The facility is not operating according to it's plan of operation. The licensee did not comply with the section cited above, which poses/ a potential health, safety or personal rights risk to persons in care.
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POC Due Date: 07/08/2025

Plan of Correction

1	Administrator has agreed to remove the bed and replace with a couch for a staff lounge area. Pictures need to be submitted to LPA that bed has been removed by June 27, 2025. Couch will be ordered and receipt needs to be submitted to LPA by POC 07/08/2025.
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	Type B	Section Cited	CCR	87506(b)(16)	
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Resident Records

(b) Each resident's record shall contain at least the following information: (16) Records of resident's cash resources as specified in Section 87217, Safeguards for Resident Cash, Personal Property, and Valuables.

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 in [1] out of [2] resident records was missing safeguard of personal property documents. Which poses a potential health, safety or personal rights risk to persons in care.
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POC Due Date: 07/01/2025

Plan of Correction

1	Administrator will submit document to LPA for resident # 2, who is missing safeguard/personal property document.
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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 Troy Agard
MANAGER:
NAME OF LICENSING PROGRAM Tuesday Cabiness
ANALYST:
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/24/2025

Created By: Tuesday Cabiness On 06/24/2025 at 11:58 AM
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: MAMELEH & TATELEH'S UPSCALE LIVING

FACILITY NUMBER: 197610155

DEFICIENCY INFORMATION FOR THIS PAGE:

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87506(b)(17)(A)	
Resident Records					
(b) Each resident's record shall contain at least the following information: (17) Documents and information required by the following: (A) Section 87457, Pre-Admission Appraisal;					
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 in [1] out of [2]				
2	record review, resident # 2 is missing the pre-admission appraisal document. Which poses a potential				
3	health, safety or personal rights risk to persons in care.				
4					
	POC Due Date: 07/08/2025				
	Plan of Correction				
1	Administrator will submit the pre-admission document to LPA by POC date for resident # 2.				
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	Type B	Section Cited	CCR	87457(c)	
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Pre-Admission Appraisal

(c) Prior to admission a determination of the prospective resident's suitability for admission shall be completed and shall include an appraisal of their individual service needs in comparison with the admission criteria specified in Section 87455, Acceptance and Retention Limitations.

This requirement is not met as evidenced by:

Deficient Practice Statement

1Based on (record review)], the licensee did not comply with the section cited above in [2] out of [2]

2record review for residents, both residents were missing needs and service plans. Which poses a

3potential health, safety or personal rights risk to persons in care.

4

POC Due Date: 07/08/2025

Plan of Correction

1Administrator will submit the needs and service plan for both resident # 1 and # 2 by POC date.

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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

Troy Agard

MANAGER:

NAME OF LICENSING PROGRAM
ANALYST:
LICENSING PROGRAM ANALYST SIGNATURE:

Tuesday Cabiness

DATE: 06/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/24/2025

Created By: Tuesday Cabiness On 06/24/2025 at 12:01 PM
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FACILITY EVALUATION REPORT (Cont)	

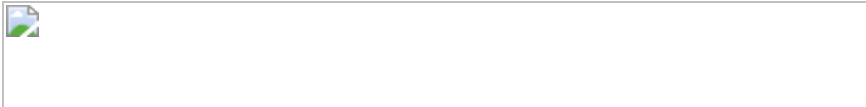
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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87307(a)	
Personal Accodamations & Services: 87307 (a) Living accommodations and grounds shall be related to the facility's function. The facility shall be large enough to provide comfortable living accommodations and privacy for the residents, staff, and others who may reside in the facility. The following provisions shall apply:					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on today's physical plant inspection, LPA observed a queen side bed and personal items and clothing in the garage that belongs to staff # 2. This poses as a potential health, safety or personal rights risk to persons in care.				
2					
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4					
	POC Due Date: 07/08/2025				
	Plan of Correction				
1	Administrator has agreed to remove the bed and replace with a couch for a staff lounge area. Pictures need to be submitted to LPA that bed has been removed by June 27, 2025. Couch will be ordered and receipt needs to be submitted to LPA by POC 07/08/2025.				
2					
3					
4					
		Section Cited			
	Deficient Practice Statement				
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	POC Due Date:				
	Plan of Correction				
1					
2					
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4					

NAME OF LICENSING PROGRAM MANAGER:	Troy Agard
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