

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610237
Report Date: 03/04/2026
Date Signed: 03/04/2026 02:47:20 PM

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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:	ABAD CARE HOMES	FACILITY NUMBER:	197610237
ADMINISTRATOR/OLIVAS, MYLINE		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	20128 DEVONSHIRE ST	TELEPHONE:	(747) 237-0417
CITY:	CHATSWORTH	STATE: CA	ZIP CODE: 91311
CAPACITY: 6		CENSUS: 5	DATE: 03/04/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/	INSPECTION 10:00 AM
		BEGAN:	
MET WITH:	Myline Olivas, Administrator	TIME VISIT/	
		INSPECTION	02:45 PM
		COMPLETED:	

NARRATIVE	
1	At 10:00am, Licensing Program Analyst (LPA), Angela Panushkina conducted an unannounced annual
2	
3	
4	
5	Facility is licensed for capacity of six (6) residents of which five (5) are non-ambulatory and (1)
6	
7	
8	
9	At approximately 10:00am, LPA toured the kitchen area and observed enough supplies of staple non-
10	
11	
12	
13	At approximately 10:20am, LPA observed medications are centrally stored and locked in six (6) drawer
14	
15	
16	
17	There are four (4) bedrooms designated for residents' use and have sufficient lighting. All bedrooms are
18	
19	
20	
21	Continue on LIC809-C
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST: Angela Panushkina

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.

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: ABAD CARE HOMES

FACILITY NUMBER: 197610237

VISIT DATE: 03/04/2026

NARRATIVE	
1	At 10:30am LPA observed all bathrooms are clean and in good repair. Properly supplied with toilet
2	paper, soap and paper towels. The hot water temperature measured at 116.2°F. LPA observed
3	appropriate grab bar and non-skid mat. All trash cans in bathrooms had fitted lids to protect them from
4	cross contamination.
5	
6	Laundry area is located in an attached garage and kept locked and inaccessible to residents.
7	
8	The facility maintains a comfortable temperature at 70°F. The living room and dining area appeared
9	clean and were properly furnished.
10	
11	Smoke detectors located throughout the facility and the carbon monoxide was observed in a hallway,
12	and at 10:45am they were tested and observed to be operational.
13	
14	At approximately 11:00am, LPA toured the outside area of the facility. LPA observed a clean covered
15	patio and backyard furniture to accommodate the six (6) residents. LPA discussed the importance of
16	maintaining care and supervision to meet the needs of residents.
17	
18	At 11:30am, LPA reviewed records of five (5) residents and two (2) staff. Resident and staff records
19	appeared to be complete and updated.
20	
21	LPA collected Certificate of Liability Insurance and LIC500. Moreover, during today's visit LPA checked
22	the California Secretary of State website and observed that the facility's licensee "AM3 Corporation" had
23	been suspended. LPA conducted an interview with the Administrator and was informed that they will
24	have it in good standing by the end of March 2026.
25	
26	Deficiencies issued on LIC809-D. Failure to correct the deficiencies may result in civil penalties.
27	
28	Exit interview conducted, appeal rights explained and copy of this report signed and delivered.
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard	
NAME OF LICENSING PROGRAM ANALYST: Angela Panushkina	
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

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** ABAD CARE HOMES**FACILITY NUMBER:** 197610237**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 03/04/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87205(b)	
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Accountability of Licensee Governing Bod: (b) If the licensee is a corporation or an association, the governing body shall be active, and functioning in order to assure accountability.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on interview and record review, the licensee did not comply with the section cited above as the
2 licensee's corporation was in a suspended status which poses/posed a potential health, safety or
3 personal rights risk to persons in care.
4

POC Due Date: 03/25/2026**Plan of Correction**

1 Administrato stated they corporation status will be in good standing by the end of March 2026.
2 Administrator also agreed to review section cited and provide a statement of understanding and a
3 writted plan to ensure future complaince then send to LPA via email by 03/11/26
4

		Section Cited			
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Deficient Practice Statement

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POC Due Date:**Plan of Correction**

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4

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: Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST: Angela Panushkina
LICENSING PROGRAM ANALYST SIGNATURE:

**DATE:** 03/04/2026

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FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 03/04/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87608(a)(3)	
Postural Supports: (a) Based on the individual's preadmission appraisal, and subsequent changes to that appraisal, the facility shall provide assistance and care for the resident in those activities of daily living which the resident is unable to do for himself/herself. Postural supports may be used under the following conditions. (3) A written order from a physician indicating the need for the postural support shall be maintained in the resident's record. The licensing agency shall be authorized to require other additional documentation if needed to verify the order. This requirement is not met as evidenced by:					
Deficient Practice Statement					
1	Based on LPA's observation and record review, the licensee did not comply with the section cited above				
2	by not requesting a written Doctors' order for 1/2 bed rail (Resident #5), which poses an immediate				
3	health, safety or personal rights risk to persons in care.				
4					
POC Due Date: 03/06/2026					
Plan of Correction					
1	Administrator will obtain a written Doctor's order for a 1/2 bed rail. Copy of Dr's order will be submitted to				
2	LPA by POC date.				
3					
4					

	Section Cited				
Deficient Practice Statement					
1					
2					
3					
4					
POC Due Date:					
Plan of Correction					
1					
2					
3					
4					

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:	Nichelle Gillyard
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