

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610254
Report Date: 05/04/2026
Date Signed: 05/04/2026 12:35:32 PM

Document Has Been Signed on 05/04/2026 12:35 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.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364	
FACILITY EVALUATION REPORT			
FACILITY NAME: AMARE VILLA		FACILITY NUMBER:	197610254
ADMINISTRATOR/LANDICHO, RENELYN DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	2042 KALLIOPE AVENUE	TELEPHONE:	(661) 494-8008
CITY:	LANCASTER	STATE: CA	ZIP CODE: 93536
CAPACITY: 6	CENSUS: 4	DATE:	05/04/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	08:45 AM
MET WITH: Renelyn Landico - Administrator		BEGAN: TIME VISIT/INSPECTION	12:45 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Evelin Rios arrived to the facility listed above to conduct an		
2	unannounced annual inspection. LPA was greeted and granted access by a staff member. Upon entry,		
3	LPA signed in, observed appropriate postings and two (2) staff members in the facility. Staff contacted		
4	the Administrator, Renelyn Landicho. LPA met with administrator shortly after. LPA explained the reason		
5	for the visit.		
6			
7	At 9:00 AM, LPA Rios with the assistance of staff and later with the administrator conducted a physical		
8	plant tour of the facility inside and out and the following was observed:		
9			
10	Near the main entrance, LPA observed two (2) of the six (6) resident bedrooms (#5 and #6). These		
11	bedrooms are designated for private use and were appropriately furnished. Further inside the facility,		
12	LPA observed an open-concept living area, dining area, and kitchen. The living area was furnished with		
13	a television and adequate seating for the facility's capacity. The kitchen was equipped with functioning		
14	appliances and fixtures. LPA observed knives and other sharps locked in a kitchen drawer, and cleaning		
15	supplies locked under the kitchen sink. The facility has a two-day perishable and a seven-day non-		
16	perishable supply of food. The dining area has appropriate tables and chairs to accommodate the		
17	facility's capacity. LPA did not observe any tripping hazards. LPA observed one (1) of two (02) fire		
18	extinguishers fully charged with purchase date 03/20/2026. On the kitchen counter LPA observed the		
19	facility telephone accessible to residents in care.		
20			
21	In the hallway leading to the four (4) other resident bedrooms and the bathrooms, LPA observed a closet		
22	containing facility storage and emergency water. (Continue to LIC809-C)		
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Mary G Flores			
NAME OF LICENSING PROGRAM ANALYST: Evelin Rios			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/04/2026

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: AMARE VILLA	FACILITY NUMBER: 197610254
	VISIT DATE: 05/04/2026

NARRATIVE	
1	(Continued LIC809-C) LPA also observed hallway cabinets with a fully stocked first aid kit and a first aid
2	manual. Each resident bedroom was observed to be properly furnished, with adequate lighting and
3	sufficient storage space. Bedroom #1 is currently used as a staff bedroom. LPA observed a fully charged
4	fire extinguisher in the hallway outside of bedroom #4 fully charged with serviced date 08/25/2025.
5	
6	The facility has a total of three (3) bathrooms , one (1) of which is located inside the shared bedroom.
7	LPA measured the hot water temperature in two (2) of the three (3) bathrooms. At 9:30 AM, the hot
8	water temperature measured 108.1 and 108.7 degrees Fahrenheit, within regulation. The bathrooms
9	were observed to be clean and properly supplied with toilet paper, paper towels, and hand soap.
10	Bathrooms were equipped with grab bars and non-slip mats.
11	
12	The laundry room was observed locked. Inside the laundry room LPA observed a washer and dryer,
13	the facility stores detergents in a locked cabinet. In a separate locked cabinet, LPA observed residents'
14	centrally stored medication and facility records. Another cabinet contained extra linens. Through the
15	laundry room there is access to the attached garage. In the garage , LPA observed a second refrigerator
16	used to store overflow food.
17	
18	The backyard is fenced in. There is a covered patio and appropriate furniture for residents to use. LPA
19	observed a locked shed being used for storage. There are no bodies of water. Doors leading to the
20	outside were equipped with auditory alarms that were observed on and functioning properly.
21	
22	
23	From approximately 10:00 a.m. to 12:00 PM, LPA reviewed facility records, including four (4) of four (4)
24	resident files and four (4) staff files. LPA reviewed the Emergency and Disaster Plan for Residential Care
25	Facilities for the Elderly (LIC 610E) and the facility's Emergency Evacuation Plan sketch. LPA observed
26	that the sketch did not match the version submitted with the Fire Safety Inspection Request (STD 850).
27	The administrator stated that the licensee had changed the room designations. Review of residents
28	record determined there were no bedridden residents. The administrator agreed to update the
29	Emergency Evacuation Plan Sketch so that it matches the Facility Sketch submitted with the STD 850
30	for consistency. LPA reviewed the facility's current liability insurance, the LIC 500, and documentation of
31	the most recent fire drill conducted on 03/11/2026. Documents were current.
32	(Continue to LIC809-C)

NAME OF LICENSING PROGRAM MANAGER: Mary G Flores	
NAME OF LICENSING PROGRAM ANALYST: Evelin Rios	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 05/04/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/04/2026

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FACILITY EVALUATION REPORT (Cont)	

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NARRATIVE

1 Centrally Stored Medication Records are completed manually, and the facility maintains a Medication
 2 Administration Record (MAR). Records were observed to be complete, up-to-date, and in compliance
 3 with licensing requirements.
 4
 5 At 12:15 PM, LPA observed the administrator test a dual smoke and carbon monoxide detector.
 6 Detectors are hardwired and interconnected to other detectors located through out the facility. Detectors
 7 were observed to be functioning properly. There is a fire door leading to resident bedrooms that
 8 automatically closed during the test.
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 10 Pursuant to Title 22 Division 6 of the CA Code of Regulations, no deficiencies observed during the
 11 annual visit. Exit interview conducted. A copy of this report provided to administrator.
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NAME OF LICENSING PROGRAM MANAGER: Mary G Flores**NAME OF LICENSING PROGRAM ANALYST:** Evelin Rios**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 05/04/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 05/04/2026