

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610270
Report Date: 01/26/2026
Date Signed: 01/26/2026 01:07:12 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.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME:	SKYVIEW ASSISTED LIVING	FACILITY NUMBER:	197610270
ADMINISTRATOR/MARTA MARQUEZ		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	18761 BIG CEDAR DRIVE	TELEPHONE:	(661) 965-4652
CITY:	SANTA CLARITA	STATE: CA	ZIP CODE: 91387
CAPACITY: 6		CENSUS: 4	DATE: 01/26/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	09:30 AM
		BEGAN:	
MET WITH:	Glen Huse	TIME VISIT/INSPECTION	01:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analysts (LPA) Tuesday Cabiness arrived at the facility to conduct an annual inspection. LPA was greeted by caregiver, who allowed LPA to enter. LPA met with Glen Huse, CEO, who informed LPA Licensee Breanna Hulse is on maternity leave. Administrator on record Marta Marquez was not present during the visit. Everyone was informed the reason of the visit. .
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6	A physical plant tour of the facility inside and outside was conducted. The following common areas: living, dining, kitchen, resident bedrooms, and bathrooms were inspected. Kitchen: LPA observed Licensing requirement of (7) day nonperishable, and (2) day perishable, with extra refrigerator in the garage. Food was properly wrapped, and appliances were functional, clean, and in good repair. Chemicals, household supplies, and knives, are stored in the kitchen and laundry room; all were locked and secured. Living/dining: All indoor passageways were free from obstruction; inside temperature was comfortable, with adequate lighting, and all areas were clean and appropriately furnished for resident's comfort. Bedrooms: The facility has (4) bedrooms for residents; with (2) private and (2) shared; no staff room; facility has staff office. All bedrooms were properly furnished and supplied with appropriate bedding and linens. There were sufficient linens observed and available. Bathrooms: There are (2.5); all were clean, with soap and towels, grab bars, and non-skid mats. Hot water measured 105.8 degrees Fahrenheit. Surrounding Grounds: There were no visible hazards; passageways were free from obstruction and gates were easily accessible to open. The facility has outdoor furniture for residents comfort. Fire extinguisher fully charged. First aid kit furnished fully equipped. Smoke alarms and carbon monoxide detectors are operating properly.
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	(Cont'd LIC809C)

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Tuesday Cabiness

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/26/2026

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**FACILITY REPRESENTATIVE SIGNATURE:**

DATE: 01/26/2026

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: SKYVIEW ASSISTED LIVING

FACILITY NUMBER: 197610270
VISIT DATE: 01/26/2026

NARRATIVE	
1	 Record review: A complete record review of staff and residents were conducted. LPA observed staff # 2 with no documentation of medication training, and LIC501. LPA is noting the Administrator on file, all required Licensing documents were observed, but LPA is questioning and has concerns with the amount of time and hours the Administrator is working at the facility. TA (technical assistance violation was issued) due to the absence of the Administrator. LPA requested a LIC500 requesting staff and Administrator schedule to be sent to LPA. All other Licensing documents were observed in files. Training was current and update. Medication review: No errors observed and documentation was current.
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NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan	
NAME OF LICENSING PROGRAM ANALYST: Tuesday Cabiness	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/26/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/26/2026

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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: SKYVIEW ASSISTED LIVING**FACILITY NUMBER:** 197610270**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 01/26/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	HSC	1569.69(a)	
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Other Provisions

(a) Each residential care facility for the elderly licensed under this chapter shall ensure that each employee of the facility who assists residents with the self-administration of medications meets all of the following training requirements:

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] files observed, staff # 2, did not have medication training certificate. This which poses/posed a potential health, safety or personal rights risk to persons in care.
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	POC Due Date: 02/16/2026
	Plan of Correction
1	Facility need to provide medication training certificate that was conducted by a licensed or medical consultant.
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	Type B	Section Cited	HSC	1569.69(d)	
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Other Provisions

(d) Each residential care facility for the elderly that provides employee training under this section shall use the training material and the accompanying examination that are developed by, or in consultation with, a licensed nurse, pharmacist, or physician. The licensed residential care facility for the elderly shall maintain the following documentation for each medical consultant used to develop the training:

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] files observed, staff # 2, did not have medication training certificate. This which poses/posed a potential health, safety or personal rights risk to persons in care. which poses/posed a potential health, safety or personal rights risk to persons in care.
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3	
4	
	POC Due Date: 02/16/2026
	Plan of Correction
1	Facility need to provide medication training certificate that was conducted by a licensed or medical consultant.
2	
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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: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Tuesday Cabiness
LICENSING PROGRAM ANALYST SIGNATURE:

**DATE:** 01/26/2026

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**Document Has Been Signed on 01/26/2026 01:07 PM - It Cannot Be Edited****Created By: Tuesday Cabiness On 01/26/2026 at 12:47 PM****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
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WOODLAND HILLS, CA 91364**FACILITY NAME:** SKYVIEW ASSISTED LIVING**FACILITY NUMBER:** 197610270**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 01/26/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87412(a)(4)	
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Personnel Records

(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information: (4) Written verification that the employee is at least 18 years of age, including, but not necessarily limited to, a copy of his/her birth certificate or driver's license.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review for staff # 2, there was no documentation of a personnel record, identifying staff's personal information, date of birth, address, etc. It was missing in the file. Which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 02/16/2026
	Plan of Correction
1 2 3 4	Facility must provide personel records for staff # 2 by POC date, including application, health screening, criminal record statement and clearance.

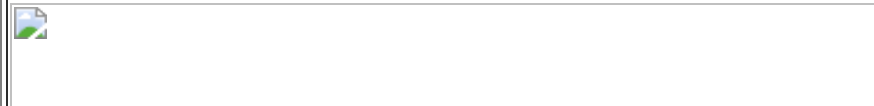
	Type B	Section Cited	CCR	87412(a)(13)(B)	
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Personnel Records

(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information: (13) For employees that are required to be fingerprinted pursuant to Section 87355, Criminal Record Clearance: (B) Documentation of either a criminal record clearance or a criminal record exemption as required by Section 87355(e).

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review for staff # 2, there was no documentation of a personnel record, identifying a criminal record clearance and statement. It was missing in the file. Which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 02/16/2026
	Plan of Correction
1 2 3 4	Facility must provide a criminal record statement and clearance for staff # 2 by POC date.

NAME OF LICENSING PROGRAM MANAGER:	Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST:	Tuesday Cabiness
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/26/2026
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