

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610367
Report Date: 09/30/2025
Date Signed: 09/30/2025 02:16:24 PM

Document Has Been Signed on 09/30/2025 02:16 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
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FACILITY NAME:	MELROSE GARDENS	FACILITY NUMBER:	197610367
ADMINISTRATOR/VILLEGAS, MARCO		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(323) 876-1746
ADDRESS:	1007-1013 N. MARTEL AVE	STATE: CA	ZIP CODE: 90046
CITY:	LOS ANGELES	CENSUS: 31	DATE: 09/30/2025
CAPACITY: 31		UNANNOUNCED TIME VISIT/	
TYPE OF VISIT: Required - 1 Year		INSPECTION	08:30 AM
		BEGAN:	
MET WITH: Yossi Wieder-Executive Director		TIME VISIT/	
		INSPECTION	02:00 PM
		COMPLETED:	

NARRATIVE	
1	On 09/30/25, 8:30 am, Licensing Program Analyst, (LPA) Raymond Comer, arrived to conduct an
2	unannounced annual inspection of the Facility. LPA met with Facility Administrator, Yossi "Joseph"
3	Wieder, and reason for the visit was disclosed.
4	
5	Facility is licensed as a single-story building. Fire clearance approved for thirty-one (31) non-ambulatory
6	residents. Bedridden cleared for thirty-one residents. Hospice waiver approved for thirty-one (31).
7	Currently, there are two (2) residents receiving hospice care services; none bedridden.
8	
9	At 10:15 am, LPA conducted a tour of the physical plant with the Administrator and observed the
10	following:
11	
12	Physical plant was inspected for cleanliness and condition. Facility's main door is the primary entry/exit
13	access. Screening area is located immediately upon entrance. Facility provides dementia care; LPA
14	observed delayed egress system working properly. Visitor Sign-in sheet, hand sanitizer, gloves and
15	masks are available. Hand washing, coughing etiquette, and other necessary signage are posted
16	throughout the facility. Room temperature is comfortable; wall thermostat displays a setting of 74.0°F;
17	within the required range. Facility maintains an approved Mitigation and Infection Control Plan. Required
18	postings are displayed and observed to be current. Disaster drills last conducted on September,2025
19	
20	
21	Commons: Activity room and dining room observed to be clean. Furnishings observed to be in good
22	condition. No obstructions, nor tripping hazards observed.
23	
24	[LIC 809C]-continued
25	

NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST: Raymond Comer

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/30/2025

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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364</p>
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FACILITY NAME: MELROSE GARDENS

FACILITY NUMBER: 197610367

VISIT DATE: 09/30/2025

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>Fire Detection/Protection: System is present in the facility. Multiple dual smoke/carbon monoxide alarms are installed, hardwired, and interconnected throughout the Facility. Fire alarm system was tested and worked properly. Two (2) fire extinguishers are located at opposite ends of the facility; extinguishers last serviced on December 24, 2024. Evacuation routes are clearly labelled and posted.</p> <p>Kitchen: At 11:15 am, LPA observed kitchen as clean, commercial refrigerators and freezers observed to maintain required temperatures, appliances and fixtures functional. LPA observed a sufficient amount of perishable and non-perishable food which was properly stored and labeled. Residents do not have access to the kitchen; knives and sharps are inaccessible to residents. Facility menu appears to meet the daily dietary needs of the residents. No pesticides, nor poisons, were observed near food areas.</p> <p>Medications: Medication room is located next to the facility entrance; LPA observed room as locked and inaccessible to residents. Medications are properly labeled and stored in secured medication carts. Medication documentation and distribution records appear to be complete. First aid kits were observed on carts stored in the medication room.</p> <p>Laundry: LPA observed the laundry room, located in outdoor storage compartment. Laundry room, detergents, cleaning supplies, and other toxins, are secured and inaccessible to residents.</p> <p>Bedrooms: At 11:50 am, LPA observed resident bedrooms and bathrooms for safety, privacy, and comfort. Random bedrooms (#109, #110, #113, #118) were inspected and observed to maintain required furnishings, sufficient lighting, bed linens, and blankets. All bedrooms were observed to be clean and clear of obstruction.</p> <p>Bathrooms were observed to be clean and sanitary with necessary supplies and required safety fixtures (grab bars, anti-slip floor stripping). Hot water temperature measured at 114.0°F. Within the required range.</p> <p>Outdoor (rear courtyard) area observed to have a shaded patio, with table and sufficient seating for residents. Outdoor furniture observed to be in good condition. All trash cans were observed to be covered. There are no bodies of water in the facility.</p>
<p>[LIC 809C]-continued</p>	

<p>NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard</p>	
<p>NAME OF LICENSING PROGRAM ANALYST: Raymond Comer</p>	
<p>LICENSING PROGRAM ANALYST SIGNATURE:</p>	
	<p>DATE: 09/30/2025</p>

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

<p>FACILITY REPRESENTATIVE SIGNATURE:</p>	
	<p>DATE: 09/30/2025</p>

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** MELROSE GARDENS**FACILITY NUMBER:** 197610367**VISIT DATE:** 09/30/2025**NARRATIVE**

1 **Resident records:** Records are stored in locked cabinets within the Administrator's office and
2 inaccessible to residents. A total of four (4) Resident files were reviewed for current IPP and/or Needs
3 and Services plans, physician report, admission agreements, and all relevant documentation. Resident
4 records appeared to be complete and current.

5
6 **Staff records:** Records are stored in locked cabinets within the Administrator's office and inaccessible
7 to residents. A total of six (6) Staff files were reviewed. Criminal record clearances, Health Screening,
8 CPR/First Aid, and all relevant documentation were review by LPA. Staff records appear complete and
9 current.

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11 There were no immediate health and safety hazards observed at the time of this inspection. Exit
12 interview conducted and a copy of this report was provided to the Administrator.
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NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard**NAME OF LICENSING PROGRAM ANALYST:** Raymond Comer**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 09/30/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 09/30/2025