

Department of  
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610447  
Report Date: 02/23/2026  
Date Signed: 02/23/2026 02:29:05 PM

Document Has Been Signed on 02/23/2026 02:29 PM - It Cannot Be Edited

|                                                        |                                                                                                                                                                    |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>WOODLAND HILLS S.RO, 21731 VENTURA BLVD.,<br>STE. 250<br>WOODLAND HILLS, CA 91364 |
| FACILITY EVALUATION REPORT                             |                                                                                                                                                                    |

|                               |                                 |                                  |                |
|-------------------------------|---------------------------------|----------------------------------|----------------|
| FACILITY NAME:                | A HELPING HAND HOME CARE        | FACILITY NUMBER:                 | 197610447      |
| ADMINISTRATOR/LAKHANPAL,SHAWN |                                 | FACILITY TYPE:                   | 740            |
| DIRECTOR:                     |                                 | TELEPHONE:                       | (661) 513-4442 |
| ADDRESS:                      | 42916 ALEXO DR.                 | ZIP CODE:                        | 93536          |
| CITY:                         | LANCASTER                       | STATE: CA                        |                |
| CAPACITY: 6                   |                                 | CENSUS: 6                        |                |
| TYPE OF VISIT:                | Required - 1 Year               | DATE:                            | 02/23/2026     |
|                               |                                 | UNANNOUNCEDTIME VISIT/INSPECTION | 10:05 AM       |
|                               |                                 | BEGAN:                           |                |
| MET WITH:                     | Shawn Lakhanpal - Administrator | TIME VISIT/INSPECTION            | 02:38 PM       |
|                               |                                 | COMPLETED:                       |                |

| NARRATIVE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1         | <p>On 02/23/2026 at 10:05 a.m., Licensing Program Analyst (LPA) Evelin Rios arrived to the above mention facility to conduct an unannounced annual inspection. LPA met with the administrator designee Alexis Rosales and shortly after met with Administrator Shawn Lakhanpal. LPA stated the purpose of the visit. This is a Residential Care Facility for the Elderly (RCFE) with an approved fire clearance for five (5) non-ambulatory residents and one (1) bedridden resident for a total capacity of six (6).</p> <p>LPA initiated a physical plant tour at approximately 10:15 a.m., and the following was observed:</p> <p>At entry LPA observed a table with a sign in sheet for guest and visitors. The facility has a small office space where they store personnel records and facility records in a locked filing cabinet.</p> <p><b>Kitchen:</b> The kitchen was clean an clear of clutter. LPA observed an adequate two (2) day perishable and seven (7) day non perishable supply of food. LPA observed medication and resident records locked in cabinets by the kitchen. In the medication cabinet LPA observed a fully stocked first aid kit with manual. Knives were observed locked in kitchen drawer. Cleaning products under the sink cabinet were locked an inaccessible to residents. The facility has a fully charged fire extinguisher.</p> <p><b>Bedrooms:</b> There are four (4) bedrooms designated for resident use. Two (2) bedrooms are for private use and two (2) bedrooms are shared. Exit doors had audible alarms that were on and functioning properly. Resident bedrooms were adequately furnished. All rooms had sufficient lighting. (Continued on 809-C)</p> |
| 2         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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|                                                  |
|--------------------------------------------------|
| NAME OF LICENSING PROGRAM MANAGER: Mary G Flores |
| NAME OF LICENSING PROGRAM ANALYST: Evelin Rios   |

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 02/23/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/23/2026

**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:** A HELPING HAND HOME CARE      **FACILITY NUMBER:** 197610447  
**VISIT DATE:** 02/23/2026

| NARRATIVE |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1         | <b>Bathrooms:</b> The facility has three (3) bathrooms. All bathrooms were observed to have the proper fixtures, and non-skid strips. The hot water delivered in two (2) bathrooms measured between 118.9 and 120 degrees Fahrenheit. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 2         |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| 5         |                                                                                                                                                                                                                                       | <b>Common Areas:</b> These included the living room and dining room areas, which were equipped with living room furniture, a television, table, and chairs. The dining room table is large enough to accommodate up to six (6) residents. There were no tripping hazards observed. The smoke detectors are hard wired and inter-connected. The administrator tested the smoke detectors at 10:55 a.m., and they were observed operational. The carbon monoxide detector is functional and installed in the hallway by the bedrooms. |
| 6         |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| 11        |                                                                                                                                                                                                                                       | <b>Garage and Laundry:</b> The laundry is located in the locked garage that has an entrance from the outside of the facility.                                                                                                                                                                                                                                                                                                                                                                                                       |
| 12        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| 17        |                                                                                                                                                                                                                                       | <b>Surrounding Grounds:</b> The driveway, passageways and entrance to the home were clear of obstruction. The backyard of the facility has a shaded area with backyard furniture for residents. The facility has a locked shed for storage. Due to rain the facility had part of their fence come down. The administrator stated he will have it fixed in one week and will send an picture to LPA when completed. There are no bodies of water.                                                                                    |
| 18        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 19        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| 22        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 23        |                                                                                                                                                                                                                                       | <b>Staff and Resident Records:</b> From 11:18 a.m. to 1:06 p.m., LPA reviewed six (6) resident and four (4) staff records. Records were reviewed for compliance with licensing forms and to ensure they were up to date and complete. LPA with the assistance of the administrator designee reviewed centrally stored medication and medication records.                                                                                                                                                                            |
| 24        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| 28        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 29        |                                                                                                                                                                                                                                       | Per California Code of Regulations, Title 22, Division 6, Chapter 8 there were no deficiency observed during today visits. Exit interview conducted. Copy of the report issued                                                                                                                                                                                                                                                                                                                                                      |
| 30        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 31        |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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|---------------------------------------------------------|-------------------------|
| <b>NAME OF LICENSING PROGRAM MANAGER:</b> Mary G Flores |                         |
| <b>NAME OF LICENSING PROGRAM ANALYST:</b> Evelin Rios   |                         |
| <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>             | <b>DATE:</b> 02/23/2026 |

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

|                                           |                         |
|-------------------------------------------|-------------------------|
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b> | <b>DATE:</b> 02/23/2026 |
|-------------------------------------------|-------------------------|