

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 197610466

Report Date: 12/04/2025

Date Signed: 12/04/2025 05:07:15 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.ASC, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	VALLEY SILVERTOWN	FACILITY NUMBER:	197610466
ADMINISTRATOR/DARLENE LINDLEY DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	6833 FALLBROOK AVE	TELEPHONE:	(818) 883-4123
CITY:	WEST HILLS	STATE:	CA
CAPACITY:	183	ZIP CODE:	91307
TYPE OF VISIT:	Case Management - Deficiencies	CENSUS:	114
	UNANNOUNCED	DATE:	12/04/2025
		TIME VISIT/INSPECTION	BEGAN:
			12:45 PM
MET WITH:	Mo Alqam	TIME VISIT/INSPECTION	COMPLETED:
			05:15 PM

### NARRATIVE

1 At 12:45 p.m. on Licensing Program Analyst (LPA) Nicholas Reed conducted an unannounced  
2 complaint visit. LPA met with the administrator and disclosed the reason for the visit.  
3

4 During the course of investigation of complaint #31-AS-20251203164348 today and complaint #31-AS-  
5 20251117123125 on 12/02/25, LPA discovered deficiencies in the facility.  
6

7 At approximately 9:40 a.m. on 12/02/25 during a facility tour, LPA observed the northern exit gate was  
8 locked with a padlock. Review of the facility sketch revealed that was an emergency exit leading to a  
9 designated assembly point. A deficiency is issued on the corresponding LIC 9099-D page for locking an  
10 emergency exit path.  
11

12 At approximately 9:50 a.m., LPA observed the roof entrance above the dining room to be unlocked with  
13 no auditory alarm installed. The roof was therefore accessible to residents. No staff were supervising the  
14 area, although it was the Assisted Living portion of the facility. LPA conducted a record review at  
15 approximately 11:00 a.m. and interviewed the administrator at the same time. Record review and  
16 interview revealed at least one (01) resident in the Assisted Living side has dementia, and therefore the  
17 roof should not be accessible to residents with dementia. Deficiency is cited on the corresponding LIC  
18 9099-D page.  
19

20 Record review of the medical assessment of Resident #1 (R1) around 11:30 a.m. on 12/02/25 revealed  
21 they were bedridden. An incident report submitted on 11/30/25 confirmed R1 was "bedbound". Review of  
22 the facility's fire clearance revealed the facility can admit eight (08) bedridden residents in Rooms 103-  
23 108, 129, 130, 189 or 190. R1 did not reside in a room designated for bedridden residents. A deficiency  
24 is cited on the corresponding LIC 9099-D page for violating the facility's fire clearance.  
25

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan

NAME OF LICENSING PROGRAM ANALYST: Nicholas Reed

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 12/04/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 12/04/2025

**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.

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

**FACILITY NUMBER:** 197610466

**VISIT DATE:** 12/04/2025

NARRATIVE	
1	The administrator sent an eviction notice on 11/30/25 for Resident #2 (R2). The notice did not contain
2	certain required elements such as contact information of the Licensing Department, the ability to
3	investigate the eviction, or the statement about the need to file an unlawful detainer. A deficiency is
4	issued on the corresponding LIC 9099-D page for an unlawful eviction.
5	
6	At approximately 2:00 p.m. today, LPA reviewed a notice issued to residents from management. The
7	notice stated "you will be responsible for managing your own medications, including medication storing,
8	administration, and refills" if residents did not provide an updated medical assessment. Interview with
9	licensee Nick today at approximately 2:30 p.m. revealed it was written incorrectly. A resident's ability to
10	manage and store medications is determined by a medical professional and not based on facility
11	policies. A deficiency is issued on the corresponding LIC 9099-D page for a lack of understanding of
12	Title 22 regulations.
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14	Exit interview conducted. Appeal rights discussed. Copy of report provided.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Naira Margaryan
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Nicholas Reed
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b> _____
<b>DATE:</b> 12/04/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b> _____
<b>DATE:</b> 12/04/2025

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**FACILITY EVALUATION REPORT (Cont)**

FACILITY NAME: VALLEY SILVERTOWN

FACILITY NUMBER: 197610466

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/04/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 12/05/2025 Section Cited CCR 87705(d)	1 87705 Care of Persons with Dementia - 2 (d) The licensee shall ensure that the 3 facility has an auditory device... to 4 monitor exits on exterior doors... 5 accessible to those residents who may 6 be at risk for elopement This 7 requirement was not met as evidenced by:	1 Licensee installed a lock during today's 2 visit. Deficiency cleared. 3 4 5 6 7
	8 Based on observations and interviews, 9 the licensee did not comply with the 10 section cited above in leaving the roof 11 accesible and unlocked which posed an 12 immediate risk to the Health, Safety, or 13 Personal Rights to persons in care. 14	
Type A 12/05/2025 Section Cited CCR87468.1(a)(6)	1 87468.1 Personal Rights of Residents 2 in All Facilities (a) Residents... shall 3 have... the following personal rights: (6) 4 To leave or depart the facility at any 5 time and to not be locked into any 6 room, building, or on facility premises 7 by day or night. This requirement was not met as evidenced by:	1 Licensee removed the lock on the 2 emergency exit during today's visit. 3 Deficiency cleared. 4 5 6 7
	8 Based on observations and interviews, 9 the licensee did not comply with the 10 section cited above in locking the 11 northern emergency exit to the 12 assembly point which posed an 13 immediate risk to the Health, Safety, or 14 Personal Rights to persons in care.	



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:	Nicholas Reed
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 12/04/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 12/04/2025

**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** VALLEY SILVERTOWN**FACILITY NUMBER:** 197610466**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 12/04/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 12/05/2025 Section Cited HSC 1569.72(c)	1 §1569.72 Bedridden residents - (c) ... 2 bedridden persons may be admitted to, 3 and remain in, residential care facilities 4 for the elderly that secure and maintain 5 an appropriate fire clearance. This 6 requirement was not as evidenced by: 7	1 Licensee acquired a new LIC 602 for 2 Resident #1 (R1) showing they are non- 3 ambulatory. Deficiency cleared. 4 5 6 7
	8 Based on record review and interviews, 9 the licensee did not comply with the 10 above section in allowing Resident #1 11 (R1) to reside in a room not designated 12 for bedridden residents which posed an 13 immediate risk to the Health, Safety, or 14 Personal Rights to persons in care.	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

<b>NAME OF LICENSING PROGRAM</b>	Naira Margaryan
<b>MANAGER:</b>	
<b>NAME OF LICENSING PROGRAM</b>	Nicholas Reed
<b>ANALYST:</b>	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 12/04/2025
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
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**FACILITY EVALUATION REPORT (Cont)**

FACILITY NAME: VALLEY SILVERTOWN



FACILITY NUMBER: 197610466

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/04/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 12/12/2025 Section Cited HSC 1569.683(a)	1 §1569.683 Eviction notices... (a) In 2 addition... (4) The following statement: 3 "In order to evict a resident ...the... 4 facility... must file an unlawful detainer 5 action in superior court and receive a 6 written judgment. This requirement was 7 not met as evidenced by:	1 Licensee has revoked the eviction 2 notice and will review the cited sectio 3 and re-submit the eviction properly. 4 5 6 7
	8 Based on record review and interviews, 9 the licensee did not comply with the 10 section cited above in the eviction 11 notice of Resident #2 (R2) which posed 12 a potential risk to the Health, Safety, or 13 Personal Rights to persons in care. 14	
Type B 12/12/2025 Section Cited CCR87405(d)(2)	1 87405 Administrator - Qualifications 2 and Duties (d) The administrator shall 3 have the qualifications specified in 4 Sections 87405(d)(1) through (7)... (2) 5 Knowledge of and ability to conform to 6 the applicable laws, rules and 7 regulations. This requirement was not met as evidenced by:	1 Licensee reviewed the cited section 2 and issued a written statement 3 confirming understanding of the 4 deficient area. Deficiency cleared. 5 6 7
	8 Based on record review and interviews, 9 the licensee did not comply with the 10 section cited above in issuing a 11 misleading notice to residents which 12 posed a potential risk to the Health, 13 Safety, or Personal Rights to persons in 14 care.	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Naira Margaryan
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Nicholas Reed
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
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