

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610467

Report Date: 01/10/2026

Date Signed: 01/10/2026 03:11:10 PM

COMPREHENSIVE INSPECTION

Document Has Been Signed on 01/10/2026 03:11 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME:	ELEGANT SENIOR LIVING ENCINO	FACILITY NUMBER:	197610467
ADMINISTRATOR/SAGAL, DANIEL DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	16710 MAGNOLIA BLVD	TELEPHONE:	(818) 907-1343
CITY:	ENCINO	STATE: CA	ZIP CODE: 91436
CAPACITY: 6		CENSUS: 6	DATE: 01/10/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 10:40 AM
MET WITH:	Juvyann Mejia, Caregiver	TIME VISIT/INSPECTION	COMPLETED: 03:15 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Tihesha Smith made an unannounced 1-year inspection to this facility.
2 LPA Smith was greeted by staff and disclosed the purpose of the Staff contacted the administrator who
3 arrived later.
4
5 LPA conducted a tour of the physical plant at approximately 10:45 am to ensure there are no health and
6 safety hazards, and facility is in compliance with Title 22 Regulations.
7
8
9
10 Common areas were observed for the ability to safely serve the needs of the residents. These included
11 the living and dining room combination, kitchen, and family area. The common areas were checked for
12 cleanliness and furniture was checked for functionality. Common areas observed to be clean, sanitary
13 and have adequate seating for residents.
14
15 LPA reviewed the food service areas, food storage and supply (perishable and nonperishable foods).
16 The
17 kitchen food supply was observed and sufficient for the six (6) residents currently residing there. Two (2)
18 days of perishable food observed. The freezer is stocked with meat and frozen foods. Medication stored
19 and locked in closet next to office. Most medication in bubble packs. Sharps are stored in kitchen
20 drawer. Sharps observed to be locked and inaccessible to residents in care. First aid kits stored in upper
21 cabinets in living room. Toxins are stored and locked under kitchen sink and observed to be locked and
22 inaccessible to residents.
23
24
25 The facility has a total of six (6) bedrooms, each with private bathrooms and one (1) main bathroom.
There is also an office and staff room.

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan

NAME OF LICENSING PROGRAM ANALYST: Tihesha Smith

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/10/2026

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 III, 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 FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
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FACILITY NAME: ELEGANT SENIOR LIVING ENCINO

FACILITY NUMBER: 197610467

VISIT DATE: 01/10/2026

NARRATIVE	
1	The residents' bedrooms were properly furnished with at least one chair, nightstand, and sufficient lighting for each resident. The bedrooms had appropriate and adequate bedding and linens such as sheets, pillowcases, and blankets. Each bathroom has the following items available: hand soap, towels, and trash cans. The hot water temperature was measured for the seven (7) bathrooms to ensure it is within the required range for residents' comfort and safety. The water temperature range for all bathrooms was between 108.9- 116.3 -degrees Fahrenheit. There are two (2) wall mounted fire extinguishers in the facility: One (1) in the kitchen and one (1) in the family area. Both fire extinguishers were observed to be charged. Carbon monoxide and smoke detectors were tested and operable at time of visit. Backyard has the following: Covered patio with tables and chairs. Patio furniture observed to be in good repair with adequate seating for residents. No Garage at the facility Facility grounds were free of hazards. At approximately 12:45 pm, LPA reviewed six (6) resident files and assessments, personal rights. Four (4) random staff files reviewed. Staff files had clearances and current First aid and CPR. No deficiencies observed at time of visit. Exit Interview Conducted /Copy of the Report Issued
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NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan	
NAME OF LICENSING PROGRAM ANALYST: Tihesha Smith	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/10/2026
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