

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610482
Report Date: 04/20/2026
Date Signed: 04/20/2026 12:33:39 PM

Document Has Been Signed on 04/20/2026 12:33 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	ARDENT CHATEAU	FACILITY NUMBER:	197610482
ADMINISTRATOR/DE	GUZMAN, ROILANN CYELL	FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(661) 313-2988
ADDRESS:	27419 CHERRY CREEK DRIVE	ZIP CODE:	91354
CITY:	SANTA CLARITA	STATE:	CA
CAPACITY:	6	CENSUS:	6
TYPE OF VISIT:	Required - 1 Year	DATE:	04/20/2026
		UNANNOUNCED TIME VISIT/	
		INSPECTION	09:50 AM
		BEGAN:	
MET WITH:	Romeo Dojalte & Roilann De Guzman	TIME VISIT/	
		INSPECTION	12:50 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Tuesday Cabiness conducted an unannounced annual visit to the facility. LPA was greeted by the caregiver and LPA stated the reason for their visit. LPA entered the facility and observed (2) additional staff working. House Manager Romeo Dojalte arrived and conducted the inspection with LPA. Administrator, Roilann De Guzman arrived later during the visit. LPA conducted a physical plant tour of the inside and outside. The following was noted: Current census during the visit was (6). Common areas: Living room and dining room were observed to be neat, clean, and organized. Both rooms were observed to be properly furnished and in good repair. The facility maintains a comfortable temperature. Fire extinguisher was fully charged. Required Licensing postings are visibly posted throughout the facility. Kitchen: Kitchen observed to be clean and inaccessible free from pests. Sufficient supplies of seven (7) day nonperishable food and two (2) day perishable foods were observed. Knives and sharps observed to be locked in kitchen drawer. Cleaning solutions and disinfectants observed to be kept in a locked cabinet underneath kitchen sink. Kitchen appliances observed to be working and in proper condition. Bedrooms: The Residents' rooms are adequately furnished with appropriate furniture and lighting system. Hallways/passageways are lighted appropriately. Extra linens/covers were observed stored in a storage closet located in the hallway's passageway. Bathrooms: Bathrooms were checked for cleanliness and proper operation. Appropriate grab bars and non-slip mats were observed and in proper condition. The hot water temperature was measured within regulations at 116.8°F. (LIC809C cont'd)
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER:	Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST:	Tuesday Cabiness

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/20/2026

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.

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 (Cont)

FACILITY NAME: ARDENT CHATEAU

FACILITY NUMBER: 197610482

VISIT DATE: 04/20/2026

NARRATIVE	
1	Garage: There is no designated garage, its permitted into an ADU that is used for staff office and break room. Laundry Room: The laundry room is located in a separate room outside of the facility, near the entrance. The laundry room is kept was observed locked and inaccessible. LPA observed cleaning solutions and toxins properly stored within laundry room and inaccessible to residents. Laundry appliances observed to be working and in proper condition.
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	

NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard	
NAME OF LICENSING PROGRAM ANALYST: Tuesday Cabiness	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/20/2026
---	-------------------------

Document Has Been Signed on 04/20/2026 12:33 PM - It Cannot Be Edited

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 21731 VENTURA BLVD., STE. 250
WOODLAND HILLS, CA 91364

FACILITY NAME: ARDENT CHATEAU**FACILITY NUMBER:** 197610482**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 04/20/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87411(d)	
--	---------------	----------------------	------------	-----------------	--

Personnel Requirements - General

(d) All personnel shall be given on the job training or have related experience in the job assigned to them. This training and/or related experience shall provide knowledge of and skill in the following, as appropriate for the job assigned and as evidenced by safe and effective job performance:

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 [4] out of [total 4] staff files were missing initial or yearly training. Which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 05/11/2026
	Plan of Correction
1	Administrator will submit initial/orientation training records and certificates to LPA by POC date.
2	
3	
4	

	Type B	Section Cited	CCR	87412(c)	
--	---------------	----------------------	------------	-----------------	--

Personnel Records

(c) Licensees shall maintain in the personnel records verification of required staff training and orientation.

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 [4] out of [total 4] staff files were missing initial or yearly training. Which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 05/11/2026
	Plan of Correction
1	Administrator will submit initial/orientation training records and certificates to LPA by POC date.
2	
3	
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:	Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST:	Tuesday Cabiness
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 04/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 04/20/2026

Created By: Tuesday Cabiness On 04/20/2026 at 11:50 AM
Link to Parent Document Below:

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

FACILITY NAME: ARDENT CHATEAU

FACILITY NUMBER: 197610482

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/20/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87411(c)(1)	
Personnel Requirements - General					
(1) Staff providing care shall receive appropriate training in first aid from persons qualified by such agencies as the American Red Cross.					
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 [4] files was missing first aid/CPR certificate for staff. Which poses a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 04/27/2026				
	Plan of Correction				
1	First aid/CPR certificate for staff will be submitted to LPA by POC date.				
2					
3					
4					
	Type B	Section Cited	HSC	1569.69(a)	

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 [4] out of [4] staff files were,missing medication training records. Which pose a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 05/11/2026				
	Plan of Correction				
1	Administrator will submit medication training certificates for all staff by POC date.				
2					
3					
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:	Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST:	Tuesday Cabiness

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/20/2026

Document Has Been Signed on 04/20/2026 12:33 PM - It Cannot Be Edited

Created By: Tuesday Cabiness On 04/20/2026 at 11:50 AM
Link to Parent Document Below:

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

FACILITY NAME: ARDENT CHATEAU

FACILITY NUMBER: 197610482

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/20/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87506(b)(17)(A)	
--	--------	---------------	-----	-----------------	--

Resident Records

(b) Each resident's record shall contain at least the following information: (17) Documents and information required by the following: (A) Section 87457, Pre-Admission Appraisal;

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on (record review)], the licensee did not comply with the section cited above in [6] out of [6] resident records were missing pre-admission appraisals. Which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 05/11/2026
	Plan of Correction
1 2 3 4	Administrator will submit (6) pre-admission appraisals for all residents admitted to the facility.

	Type B	Section Cited	CCR	87506(b)(17)(B)	
--	--------	---------------	-----	-----------------	--

Resident Records

(b) Each resident's record shall contain at least the following information: (17) Documents and information required by the following: (B) Section 87459, Functional Capabilities;

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on (record review)], the licensee did not comply with the section cited above in [6] out of [6] resident records were missing functional capabilities documents. Which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 05/11/2026
	Plan of Correction
1 2	Administrator will submit (6) functional capabilities documents for all residents admitted to the facility.

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:	Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST:	Tuesday Cabiness
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 04/20/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 04/20/2026

LIC809 (FAS) - (06/04)

Page: 6 of 8

Document Has Been Signed on 04/20/2026 12:33 PM - It Cannot Be Edited

Created By: Tuesday Cabiness On 04/20/2026 at 11:50 AM
Link to Parent Document Below:

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

FACILITY NAME: ARDENT CHATEAU

FACILITY NUMBER: 197610482

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/20/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87506(b)(17)(E)	
--	--------	---------------	-----	-----------------	--

Resident Records

(b) Each resident's record shall contain at least the following information: (17) Documents and information required by the following: (E) Section 87463, Reappraisals; and

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 [2] out of [total 6] residents were missing reappraisals in files. Which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 05/11/2026
	Plan of Correction
1	Administrator will submit reappraisals for the (2) residents by POC date.
2	
3	
4	

	Type B	Section Cited	CCR	87456(a)(2)	
--	--------	---------------	-----	-------------	--

Evaluation of Suitability for Admission

(a) Prior to accepting a resident for care and in order to evaluate his/her suitability, the facility shall, as specified in this article 8: (2) Perform a pre-admission appraisal.

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 [6] out of [6] resident records were missing pre-admission appraisals. Which poses a potential health, safety or
2	

3	personal rights risk to persons in care.
4	
	POC Due Date: 05/11/2026
	Plan of Correction
1	Administrator will submit (6) pre-admission appraisals for all residents admitted to the facility.
2	
3	
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:	Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST:	Tuesday Cabiness
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 04/20/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 04/20/2026

Document Has Been Signed on 04/20/2026 12:33 PM - It Cannot Be Edited

Created By: Tuesday Cabiness On 04/20/2026 at 11:50 AM
Link to Parent Document Below:

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

FACILITY NAME: ARDENT CHATEAU

FACILITY NUMBER: 197610482

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/20/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87463(h)	
Reappraisals					
(h) The licensee shall request that all residents receive an annual routine visit with a licensed medical professional once every twelve months, either in person or by video appointment.					
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 [6]				
2	residents did not have a current medical assessment. Which poses a potential health, safety or personal				
3	rights risk to persons in care.				
4					
	POC Due Date: 04/20/2026				
	Plan of Correction				
1	POC cleared during the visit. Administrator was able to obtain current medical assessment for resident.				
2					
3					
4					
		Section Cited			
	Deficient Practice Statement				

1	
2	
3	
4	
	POC Due Date:
	Plan of Correction
1	
2	
3	
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:	Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST:	Tuesday Cabiness
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 04/20/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 04/20/2026