

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610490
Report Date: 12/22/2025
Date Signed: 12/22/2025 12:03:37 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.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364	
FACILITY EVALUATION REPORT			
FACILITY NAME: ARCHWOOD ASSISTED LIVING		FACILITY NUMBER:	197610490
ADMINISTRATOR/ALINA SOLLOWAY		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(747) 788-0208
ADDRESS:	17981 ARCHWOOD STREET	ZIP CODE:	91335
CITY:	RESEDA	STATE: CA	
CAPACITY: 6		CENSUS: 6	
TYPE OF VISIT:	Required - 1 Year	DATE:	12/22/2025
		UNANNOUNCEDTIME VISIT/INSPECTION	10:05 AM
		BEGAN:	
MET WITH: Alina Solloway,Administrator		TIME VISIT/INSPECTION	12:30 PM
		COMPLETED:	
NARRATIVE			
1	At 10:05 AM Licensing Program Analyst (LPA), Huma Rahimi, conducted an unannounced annual		
2	inspection at the facility mentioned above. LPA met with the Administrator Alina Solloway and explained		
3	the reason for the visit. Physical tour was conducted with the Administrator and LPA observed the		
4	following:		
5			
6	Kitchen: At approximately, 10:15 AM LPA toured the kitchen area and observed enough supplies of		
7	staple non-perishable for minimum 1 week and perishable for 2 days at the facility. All knives and sharps		
8	observed to be locked in a kitchen drawer. LPA observed all cleaning supplies to be locked under the		
9	kitchen sink. The kitchen is equipped with a refrigerator, microwave oven and a sink. A fire extinguisher		
10	was hanging on the kitchen wall and last serviced on 10/01/2025.		
11			
12	Medications: At approximately, 10:20 AM LPA observed medications are centrally stored and locked in		
13	a cabinet in the living room. LPA reviewed residents medication and did not find any discrepancies. All		
14	medications were given as prescribed.		
15			
16	Bedrooms: LPA observed total of four (4) bedrooms designated for residents use. The facility is fire		
17	cleared six (6) non-ambulatory residents. Bedroom #1 and #3 are shared. The bedrooms have sufficient		
18	lighting and closet space. All bedrooms are properly furnished, clean and have appropriate bedding and		
19	linens. Facility has an awake staff.		
20			
21	Bathrooms: The facility has three (3) bathrooms. The bathrooms were observed to have the proper		
22	fixtures, grab bars, and non-skid mats. The hot water delivered in the bathrooms measured at 109.4		
23	degrees.		
24			
25			
Continue on LIC 809C			

NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard	
NAME OF LICENSING PROGRAM ANALYST: Huma Rahimi	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 12/22/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 12/22/2025

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ARCHWOOD ASSISTED LIVING

FACILITY NUMBER: 197610490
VISIT DATE: 12/22/2025

NARRATIVE		
1	Common Areas: The facility maintains a comfortable temperature at 72°F. The living room and dining area appeared clean and were properly furnished. The living room has a television, comfortable furniture. No obstructions and or tripping hazards throughout the facility.	
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3		
4		
5		Garage/Laundry: The facility does not have any garage. The laundry is located in a closet in the hallway by bedroom number one (1). Laundry detergents, cleaning agents and other toxins are locked in a separate closet next to the laundry closet.
6		
7		
8		
9		Outside areas: At approximately, 10:25 AM LPA toured the outside area of the facility. LPA observed appropriate outdoor furniture, with a covered shaded area for residents. LPA observed a locked storage where additional cleaning supplies were kept.
10		
11		
12		
13		Smoke detectors/carbon monoxide. The smoke alarms and carbon monoxide detector are dual and hard wired, and at 10:35 AM they were tested and observed to be operational.
14		
15		
16		
17		Between 10:45 AM to 11:45 AM, LPA reviewed records of six (6) residents and two (2) staff. Residents and staff records appeared to be complete and updated.
18		
19		
20		Administrative: LPA collected Certificate of Liability Insurance, and LIC500.
21		
22		No deficiency cited during today's visit.
23		
24		Exit interview conducted and copy of this report signed and delivered.
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NAME OF LICENSING PROGRAM ANALYST: Huma Rahimi	
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