

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610611
Report Date: 08/21/2025
Date Signed: 08/21/2025 01:05:10 PM

Document Has Been Signed on 08/21/2025 01:05 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:	A HAPPY PLACE BOARD AND CARE	FACILITY NUMBER:	197610611
ADMINISTRATOR/JAVIER, HERMAN B		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	28270 ROBIN AVENUE	TELEPHONE:	(661) 803-7233
CITY:	SANTA CLARITA	STATE: CA	ZIP CODE: 91350
CAPACITY: 6		CENSUS: DATE:	08/21/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/	
		INSPECTION	10:35 AM
MET WITH:		BEGAN:	
		TIME VISIT/	
		INSPECTION	01:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Abeye Duguma met with Herman Javier for a Required
2	
3	
4	
5	One (01) Year visit. LPA explained the reason for the visit. A tour of the physical plant was
6	
7	
8	
9	conducted at around 10:00 AM and the following was noted:
10	
11	
12	
13	There is one entrance being utilized at the facility. The facility has a total of four (04)
14	
15	
16	
17	bedrooms for residents and two (02) bathrooms. The facility is fire cleared for five (05) non-
18	
19	
20	
21	ambulatory and one (01) bedridden resident. The facility is currently occupying three (03)
22	
23	
24	
25	residents.
	The facility has outdoor furniture with a covered shaded area for residents and visitors. The
	facility does not have a swimming pool/body of water. The garage is currently being used for
	storage. Laundry detergents, cleaning agents and other toxins are locked away.
	Kitchen is sufficiently stocked with at least two (02) days perishable and seven (07) days
	non-perishable food. Frozen foods are wrapped and stored appropriately. Food storage and
	preparation areas are clean and inaccessible to pests. Knives and sharps are observed to be
	locked and inaccessible to residents.
	The living and dining room are neat and clean. The facility maintains a comfortable
	temperature at 75°F. The smoke and carbon monoxide detectors are hardwired,
	interconnected and observed to be operational. Fire extinguisher is located near the kitchen
	and observed to be fully charged. (continued on LIC 809-C)

NAME OF LICENSING PROGRAM MANAGER:	Troy Agard
------------------------------------	------------

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/21/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/21/2025

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

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
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	WOODLAND HILLS S.RO, 21731 VENTURA BLVD.,
	STE. 250
	WOODLAND HILLS, CA 91364

FACILITY NAME: A HAPPY PLACE BOARD AND CARE **FACILITY NUMBER:** 197610611
VISIT DATE: 08/21/2025

NARRATIVE	
1	The residents' rooms are adequately furnished with appropriate lighting system. Hallways are well lit. Residents have enough personal hygiene product provided by the licensee. The bathroom was checked for cleanliness and proper operations. The hot water temperature was measured at 109.9°F. Towels and washcloths are not shared. There was enough clean linen available in the cabinets. LPA observed medication to be locked and inaccessible to residents. Facility maintains a complete first aid kit. No health and safety hazards noted during the visit. Exit interview conducted. Copy of this report issued.
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: Troy Agard	
NAME OF LICENSING PROGRAM ANALYST: Abeye Duguma	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/21/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/21/2025