

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610667
Report Date: 11/05/2025
Date Signed: 11/05/2025 12:28:32 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:	LEADWELL ASSISTED LIVING	FACILITY NUMBER:	197610667
ADMINISTRATOR/SOLLOWAY, ALINA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	18821 LEADWELL ST	TELEPHONE:	(323) 350-4717
CITY:	RESEDA	STATE: CA	ZIP CODE: 91335
CAPACITY: 6		CENSUS: 2	DATE: 11/05/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/	INSPECTION 10:00 AM
		BEGAN:	
MET WITH:	Alina Solloway, Administrator	TIME VISIT/	INSPECTION 12:30 PM
		COMPLETED:	

NARRATIVE	
1	At 10:00 AM, Licensing Program Analyst (LPA), Huma Rahimi conducted an unannounced Required
2	Annual visit to the above facility and met with Alina Solloway, Licensee/Administrator, and explained the
3	reason for the visit. Today's site visit consisted of LPA touring the physical plant inside and outside and
4	observed the following:
5	
6	KITCHEN: LPA observed the kitchen area equipped with a refrigerator, microwave oven, and a sink.
7	Stove was observed in a good working condition. At 10:05 AM, LPA observed adequate supplies of
8	perishable and nonperishable food and dining ware to accommodate a maximum capacity of six (6). All
9	knives and sharps are observed to be locked in a kitchen drawer and inaccessible to residents in care.
10	LPA observed a Fire Extinguisher and was last serviced on 10/01/2025. It was observed hanging on the
11	kitchen wall.
12	
13	MEDICATION ROOM: The centrally stored medication are kept in the in the locked cabinet in the living
14	room. Residents and staff files are also kept in the same cabinet locked and inaccessible. LPA reviewed
15	medication for accuracy and did not observe any discrepancies.
16	
17	
18	
19	
20	BEDROOMS: There are three (3) bedrooms designated for resident's use. All bedrooms are shared and
21	bedrooms number one (1) is for bedridden resident. All bedrooms are furnished with beds, dressers and
22	required bedding and linen. The bedrooms have sufficient closet space and have sufficient lighting.
23	Auditory alarms were tested and observed to be operational.
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: 11/05/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/05/2025

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: LEADWELL ASSISTED LIVING **FACILITY NUMBER:** 197610667
VISIT DATE: 11/05/2025

NARRATIVE	
1	BATHROOMS: There are two (2) bathrooms at the facility. Bathroom # (1) is connected with bedroom
2	#1. Bathroom # 2 is in the hallway. LPA observed all bathrooms are clean and in good repair. Properly supplied
3	with toilet papers, soap and paper towels. LPA observed appropriate grab bar and had non-skid mat The water
4	temperature was noted at 108.1°.
5	
6	LAUNDRY ROOM: The laundry room is located in the hallway closet. All the cleaning supplies and
7	laundry detergents will be kept locked in the kitchen cabinet under the sink. All cleaning supplies and
8	laundry detergents are kept inaccessible to residents in care. The washer/dryer appear to be in good
9	working condition.
10	
11	COMMON AREAS: The facility maintains a comfortable temperature at 75°F. The living room and dining area
12	appeared clean and were properly furnished and has a television. No obstructions and or tripping hazards
13	throughout the facility. LPA observed a working telephone for the facility.
14	
15	
16	SURROUNDING GROUNDS: The facility has sufficient front yard space. LPA did observe appropriate
17	outdoor furniture in the side yard of the facility that can accommodate six (6) residents, LPA observe a covered
18	shaded area for residents. LPA observed inside and outside activities for residents in care. There is no swimming
19	pool or any bodies of water at the facility. The exit was free of any obstruction or hazard.
20	
21	Garage/Storage: The facility does not have any extra garage/storage space. LPA observed a locked
22	alley in the back of the facility.
23	
24	SMOKE DETECTORS/CARBON MONOXIDE. Smoke detectors and carbon monoxide were located
25	throughout the facility. At 10:25 AM, they were tested and observed to be operational.
26	
27	
28	Between 10:30 AM to 11:30 AM, LPA reviewed records of two (2) out of two (2) residents and one (1)
29	staff. All residents and staff records were updated and completed.
30	
31	Administrative: LPA collected Certificate of Liability Insurance, and LIC500.
32	
	No deficiency observed and issued during today's visit. Exit interview conducted. Copy of this report signed and delivered.

NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard	
NAME OF LICENSING PROGRAM ANALYST: Huma Rahimi	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 11/05/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/05/2025