

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610702
Report Date: 03/04/2026
Date Signed: 03/04/2026 03:38:17 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
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FACILITY NAME:	A KIND HEART SENIOR CARE	FACILITY NUMBER:	197610702
ADMINISTRATOR/SANCHEZ, KRISEYDA DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	10541 DEBRA AVE.	TELEPHONE:	(818) 458-6530
CITY:	GRANADA HILLS	STATE: CA	ZIP CODE: 91344
CAPACITY:	6	CENSUS: 6	DATE: 03/04/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	12:28 PM
MET WITH:	Joannie De Vera, Kriseyda Sanchez	BEGAN: TIME VISIT/ INSPECTION	03:45 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Michael Cava conducted an Annual Required visit and inspection of
2 the facility. LPA met with staff, Joannie De Vera and administrator Kriseyda Sanchez. They were advised
3 of the inspection.
4

5 At approximately 12:35pm, with the assistance of staff, LPA took a tour of the physical plant. The facility
6 is a one story building. Required postings were observed in the entry area. The smoke alarms and
7 carbon monoxide detectors are dual and interconnected. The fire extinguisher is located in the kitchen. It
8 was purchased/charged on 01/15/26.
9

10 **Kitchen:** The kitchen appliances and fixtures were functional. LPA found a sufficient amount of
11 perishable and non-perishable food properly sealed and stored. Knives are stored in a locked drawer.
12 Cleaning supplies kept locked underneath the kitchen sink.
13

14 **Bedrooms:** There are five (5) bedrooms designated for client use. All bedrooms are clear for bedridden.
15 Bedrooms #2, #3, #4 and #5 are private, and bedroom #1 is shared. Bedrooms are furnished with beds,
16 night stand, chairs, dresser, bedding and linen. The bedrooms have sufficient lighting and closet space.
17 Auditory alerts in bedrooms with direct exit were all tested functional.
18

19 **Bathrooms:** The facility has two (2) full bathrooms and one (1) half bath. Bedroom #2 has a half
20 bathroom which only consists of a toilet and sink The two full bathroom, designated for resident use are
21 in the hallway. All bathrooms were observed to have the proper fixtures, grab bars, and non-skid mats.
22 The hot water delivered in the bathrooms measured between 111 to 112 degrees.
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Mary G Flores
NAME OF LICENSING PROGRAM ANALYST: Michael Cava



DATE: 03/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/04/2026

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 FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
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FACILITY NAME: A KIND HEART SENIOR CARE

FACILITY NUMBER: 197610702

VISIT DATE: 03/04/2026

NARRATIVE	
1	Common Areas: These included the living room and dining area. The living room is furnished with
2	sufficient seating, couch, recliner, chair, table and television. Furniture is in good repair. There is a
3	fireplace, which is properly screened. The fireplace is non-operable, and there were no tools present.
4	The dinning room table is large enough to seat six (6). Furniture in good repair. Floors maintained and
5	clean.
6	
7	Surrounding Grounds: The driveway, passageways and entrance to the home was clear of
8	obstruction. Exterior gates at the front of the property has functional auditory alerts. The backyard of the
9	facility has a patio and outdoor furniture to accommodate the six (6) residents. There is sufficient space
10	in the backyard for outdoor activities. There is a swimming pool that is fenced all around with a gate that
11	will be kept locked at all times. The fence surrounding the swimming pool is approximately 5 feet high,
12	with a wall about ten feet high at the opposite end.
13	
14	Garage: The garage is attached to the home, but entrance is through the backyard. Garage is utilized
15	as storage for extra food, and laundry. There are two refrigerators in the garage for perishable food
16	items. Entry to garage has a combination lock.
17	
18	Laundry: The laundry area is located in the garage.
19	
20	
21	Office/staff work station: Staff office is located by the kitchen. Resident and staff records are
22	maintained there. Office requires a combination to gain access.
23	
24	Resident Files: LPA conducted a file review of resident records to insure compliance of licensing forms.
25	
26	Staff Files: LPA conducted a file review of staff records to insure forms and training are up to date and
27	compliance with licensing forms.
28	
29	Medications: Medications are kept in a locked cabinet in the kitchen. Medications and medication
30	records were reviewed for proper storage and documentation.
31	
32	Pursuant to Title 22 Division 6 of the CA Code of Regulations, there were no deficiencies observed during the visit.

NAME OF LICENSING PROGRAM MANAGER: Mary G Flores
NAME OF LICENSING PROGRAM ANALYST: Michael Cava
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 03/04/2026

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FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 03/04/2026