

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610720
Report Date: 05/23/2026
Date Signed: 05/23/2026 02:05:00 PM

Document Has Been Signed on 05/23/2026 02:05 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:	SWEET SOPHIAS SENIOR LIVING	FACILITY NUMBER:	197610720
ADMINISTRATOR/FOGELSTROM, JENNIFER M DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	8818 SOPHIA AVENUE	TELEPHONE:	(310) 433-6188
CITY:	NORTH HILLS	STATE: CA	ZIP CODE: 91343
CAPACITY: 6		CENSUS: 0	DATE: 05/23/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	01:19 PM
MET WITH:	David Slattery	BEGAN: TIME VISIT/INSPECTION	02:20 PM
		COMPLETED:	

NARRATIVE	
1	<p>On 5/23/2026 at approximately 01:20 PM, Licensing Program Analyst (LPA), Angelica Segovia conducted an annual visit to the facility. LPA was greeted by the facility's representative, David Slattery who was designated to sign today's report per the Administrator, Jennifer Fogelstrom.</p> <p>LPA conducted a physical plant tour at approximately 1:30 PM and the following was noted:</p> <p>The facility is a single-story building with four (4) bedrooms and two (2) bathrooms. The facility is currently non-operational and occupying zero (0) residents. There is no designated staff room. The facility has an approved fire clearance for six (6) non-ambulatory residents of which one (1) may be bedridden. Hospice waiver approved for six (6).</p> <p>Common areas: The living room and dining room were observed. The rooms were observed to be properly furnished and in good repair. Required postings such as Long-Term Care Ombudsman, Emergency Disaster Plan, and Personal Rights will be posted before residents' arrivals. LPA observed the fireplace to be covered.</p> <p>Kitchen: Sufficient supplies of seven (7) day nonperishable food and two (2) day perishable foods will be purchased prior to residents' arrival. Kitchen appliances were observed to be in proper condition.</p> <p>(continued LIC 809-C)</p>
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NAME OF LICENSING PROGRAM MANAGER:	Troy Agard
NAME OF LICENSING PROGRAM ANALYST:	Angelica Segovia

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/23/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: SWEET SOPHIAS SENIOR LIVING **FACILITY NUMBER:** 197610720
VISIT DATE: 05/23/2026

NARRATIVE	
1	Bedrooms: Maintenance of residents' bedroom will need to be updated to regulations prior to residents' arrival. Bathrooms: Maintenance of the facility's restrooms will need to be updated to regulations prior to residents arrival. LPA observed appropriate grab rails to be in proper condition. Backyard: LPA observed there to be a locked shed. LPA observed there to be a pool. LPA observed the pool to be fenced. Garage: The garage can be accessed from inside of the facility. The garage was observed to be kept locked and used for storage purposes. Laundry Room: The laundry appliances were observed to be located within the garage. The laundry appliances were observed to be in proper condition. Smoke detectors and carbon monoxide observed to be working properly and were tested. There were no immediate health and safety hazards observed during the day of inspection. Exit interview was conducted and a copy of this report was provided.
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NAME OF LICENSING PROGRAM MANAGER: Troy Agard NAME OF LICENSING PROGRAM ANALYST: Angelica Segovia LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 05/23/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 05/23/2026