

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198204494

Report Date: 01/29/2026

Date Signed: 01/29/2026 10:19:54 AM

COMPREHENSIVE INSPECTION

Document Has Been Signed on 01/29/2026 10:19 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
FACILITY EVALUATION REPORT	

FACILITY NAME: ATRIA PARK OF PACIFIC PALISADES	FACILITY NUMBER: 198204494
ADMINISTRATOR/JOE SALDANA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 15441 W SUNSET BLVD	TELEPHONE: (310) 573-9545
CITY: PACIFIC PALISADES	STATE: CA
CAPACITY: 60	ZIP CODE: 90272
TYPE OF VISIT: Required - 1 Year	CENSUS: 0
	DATE: 01/29/2026
	UNANNOUNCED TIME VISIT/INSPECTION BEGAN: 09:40 AM
MET WITH: Saul Perez-Maintenance Regional	TIME VISIT/INSPECTION COMPLETED: 10:35 AM

NARRATIVE

1	On January 29, 2026, at 9:40 AM, Licensing Program Analyst (LPA) Bernadette Allen conducted an
2	unannounced visit to perform the annual required inspection. LPA Allen met with Saul Perez,
3	Maintenance Regional Director, and explained the purpose of the visit.
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5	The facility is licensed to serve 60 elderly adults, ages 60 and above, of which 60 may be non-
6	ambulatory and 15 may be bedridden. The facility also has an approved hospice waiver for 10 residents.
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8	The facility is a three-story structure located in a residential neighborhood. It includes 40 resident rooms
9	with attached bathrooms, a dining area, kitchen, garage, lounge, activity room, and a rooftop with
10	shaded areas furnished with tables and chairs.
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12	The facility is located on Sunset. All surrounding structures were destroyed by recent fires, and water
13	and gas services have not yet been restored. As of January 29, 2026, the facility has intermittent power.
14	All residents were relocated to permanent homes during the second week following the fires, and all
15	facility staff have been released. Continued.....
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NAME OF LICENSING PROGRAM MANAGER: Stephanie Cifuentes

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature box]

DATE: 01/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature box]

DATE: 01/29/2026

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

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 EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
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FACILITY NAME: ATRIA PARK OF PACIFIC PALISADES

FACILITY NUMBER: 198204494

VISIT DATE: 01/29/2026

NARRATIVE	
1 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	<p>Property owners plan to clean out ash that entered the facility through the air conditioning ducts; however, the lack of water has delayed these efforts. They intend to reopen the facility in the future. According to Saul Perez, the property owners will continue to keep Community Care Licensing informed of all future plans.</p> <p>An exit interview was conducted with Saul Perez- Maintenance Regional Director where this report was discussed and provided at the conclusion of the visit.</p>

NAME OF LICENSING PROGRAM MANAGER: Stephanie Cifuentes NAME OF LICENSING PROGRAM ANALYST: Bernadette Allen LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/29/2026
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/29/2026
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