

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603136
Report Date: 02/27/2026
Date Signed: 02/27/2026 03:27:41 PM

Document Has Been Signed on 02/27/2026 03:27 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
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FACILITY NAME:	SAVANT OF BURBANK EAST	FACILITY NUMBER:	198603136
ADMINISTRATOR/VILLANUEVA,IMELDA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(818) 843-3141
ADDRESS:	1900 GRISMER AVE	STATE: CA	ZIP CODE: 91504
CITY:	BURBANK	CENSUS: 90	DATE: 02/27/2026
CAPACITY: 100		UNANNOUNCED TIME VISIT/	
TYPE OF VISIT: Required - 1 Year		INSPECTION	09:15 AM
		BEGAN:	
MET WITH: Lisa Pham - Regional Director of Operations		TIME VISIT/	
		INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE	
1	On 02/27/2026, at 9:15 am Licensing Program Analyst (LPA) Nadia Shahbazian conducted an
2	unannounced required annual inspection. LPA met with Regional Director of Operations - Lisa Pham
3	and explained the reason for the visit. The facility is under Compliance Plan for two years, effective
4	02/11/2026. A Noncompliance Conference was held on 02/11/2026 at the Woodland Hills South
5	Regional Office. Facility management have agreed to the terms of the compliance plan.
6	
7	Facility is licensed as a two-story building. Fire clearance approved for one hundred (100) non-
8	ambulatory residents; ages 60 and above, ten (10) of whom may be bedridden. Hospice waiver is
9	approved for thirty (30) residents.
10	
11	LPA utilized the Compliance and Regulatory Enforcement (CARE) tools. From 12:25pm to 1:20pm, LPA
12	conducted a tour of the physical plant, with the staff and observed the following:
13	
14	The Reception area is located immediately upon entrance. Required postings were displayed at the
15	reception area. Facility's main door is the primary entry/exit access. The facility has five (5) exit doors on
16	the first floor, (including the front entry) and three (3) exits on the second floor. Facility has one elevator.
17	LPA observed three (3) evacuation chairs at each stairwell.
18	
19	Continued on 809-C
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Mary G Flores
NAME OF LICENSING PROGRAM ANALYST: Nadia Shahbazian

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 02/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/27/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

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California Department of Social Services

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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364</p>
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FACILITY NAME: SAVANT OF BURBANK EAST

FACILITY NUMBER: 198603136

VISIT DATE: 02/27/2026

NARRATIVE	
<p>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>	<p>KITCHEN: Facility has a commercial kitchen which is kept locked and inaccessible to residents. Appliances included a industrial refrigerator, freezer, convection oven, microwaves, ice-maker and juice dispensing machines. LPA observed an adequate supply of perishable foods for two (2) days, and non-perishable food supply for seven (7) days, which were stored in the refrigerator, freezer, and pantry. Food was properly labeled and marked with expiration and/or purchase dates. Emergency food was observed in a separate walk-in pantry. Sharps are stored in the kitchen drawer and all chemicals were kept in a locked storage room, across the kitchen. LPA observed records of special dietary needs and weekly menu in the kitchen. All kitchen surfaces, floors, walls and appliances were maintained in clean and sanitary condition.</p> <p>COMMON AREAS: Facility is a two-story building. The first floor has a lobby/living room, a television room, dining room, hair salon and outside and an inside patio areas. There are common area bathrooms, in both floors. Second floor has an activity room. Common area floors and hallways were clean and without obstructions, all furnishings were observed to be clean and in good condition. Multiple dual smoke/carbon monoxide detectors are installed, hardwired, and interconnected throughout the facility. Multiple fire extinguishers were observed throughout both floors and all the fire extinguishers were last inspected on 05/08/2025 by Delta Fire Company, which is privately owned. Delta Fire Company conducts quarterly smoke/carbon monoxide detector and fire alarm testing, the last test was conducted on December 2025. There are cameras installed in common areas of the home, including the hallways and patios. In addition facility offers telephone access and wi-fi access to residents in care. There are three stairwells and one elevator in the building; evacuation chairs were observed atop each stairwell. Roof is inaccessible to residents. Evacuation routes are clearly labelled and posted throughout the facility.</p> <p>SURROUNDING GROUNDS: The passageways and entrance to the home was clear of obstruction. Facility has an outdoor patio and an indoor patio area. LPA observed two sets of patio furniture with two umbrellas, in each patio. There are no bodies of water in the facility.</p> <p>LAUNDRY ROOMS: There are two laundry rooms, one on each floor, with two washers and two dryers in each room. Chemicals and detergents were stored in a locked room on the second floor, near the laundry room, inaccessible to residents.</p> <p>Continued on 809-C</p>

<p>NAME OF LICENSING PROGRAM MANAGER: Mary G Flores NAME OF LICENSING PROGRAM ANALYST: Nadia Shahbazian LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 02/27/2026</p>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<p>FACILITY REPRESENTATIVE SIGNATURE:</p>	<p>DATE: 02/27/2026</p>
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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** SAVANT OF BURBANK EAST**FACILITY NUMBER:** 198603136**VISIT DATE:** 02/27/2026**NARRATIVE**

1 **BEDROOMS:** LPA toured multiple resident bedrooms on both floors. Of all bedrooms inspected, all
2 were observed to be clean and contained required furnishings and bedding. At 11:57am in room# 123,
3 LPA pulled the assistance cord; caregiver responded within 1 minute. Also at 12:06pm in room# 212 LPA
4 pulled the assistance cord; a caregiver responded within 2 minutes.
5

6 **BATHROOMS:** LPA inspected common area bathrooms in the hallway and several bathrooms in
7 resident rooms. All inspected bathrooms were observed to be clean and sanitary with necessary
8 supplies and required safety fixtures (grab bars, non-slip mats). Hot water temperature measured
9 between 108.7° F. and 119.2° F; within the required range. At 12:14pm in bathroom# 222, LPA pulled the
10 assistance cord; a caregiver responded within 1 minute.
11

12 **MEDICATIONS:** Facility's Wellness Room is located on the first floor, in which all medications are
13 securely locked, inaccessible to residents. With the assistance of Wellness Coordinator, LPA reviewed
14 Medication Administration Records (MARs) for nine (9) residents and compared them to the medication
15 count and found no discrepancies. A First Aid kit and the First Aid Manual was observed in the Wellness
16 Room.
17

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19
20
21 In addition to the plant tour, LPA reviewed the facility's infection control plan and disaster plan. Facility
22 conducts quarterly Fire Disaster and Emergency drills, the last drill was conducted on 01/29/2026. LPA
23 obtained a copy of liability insurance and auto insurance with expiration date of 01/01/2027.
24 Administrator's Certificate expiration date is 06/14/2026.
25

26 Due to time constraints, LPA was unable to complete today's annual inspection. LPA will return to facility
27 to review staff and resident records and to conduct interviews at a later date.
28

29 Exit Interview Conducted / A Copy of the Report provided to Regional Director of Operations.
30
31
32

NAME OF LICENSING PROGRAM MANAGER: Mary G Flores**NAME OF LICENSING PROGRAM ANALYST:** Nadia Shahbazian**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 02/27/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/27/2026