

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 421703158  
**Report Date:** 07/08/2025  
**Date Signed:** 07/08/2025 01:35:50 PM

**Document Has Been Signed on 07/08/2025 01:35 PM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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FACILITY NAME:	SOLVANG FRIENDSHIP HOUSE	FACILITY NUMBER:	421703158
ADMINISTRATOR/DIRECTOR:	TAMMY WESTWOOD	FACILITY TYPE:	740
ADDRESS:	880 FRIENDSHIP LANE	TELEPHONE:	(805) 688-8748
CITY:	SOLVANG	STATE:	CA
CAPACITY:	40	ZIP CODE:	93463
TYPE OF VISIT:	Required - 1 Year	CENSUS:	37
		DATE:	07/08/2025
		UNANNOUNCED TIME VISIT/INSPECTION	09:00 AM
		BEGAN:	
MET WITH:	Administrator, Tammy Westwood	TIME VISIT/INSPECTION	01:30 PM
		COMPLETED:	

NARRATIVE	
1	At 9:00am on 07/08/2025, Licensing Program Analyst (LPA) Jeffries arrived unannounced to the facility
2	to conduct the facility annual inspection. LPA met with facility Administrator, Tammy Westwood,
3	announced who he is and the reason for the visit being the facility annual inspection.
4	Administrator and LPA conducted physical walk through of the entire facility. This facility is located in an
5	in-closed compound with two exterior car gates and one exterior pedestrian gate. There are 5 resident
6	buildings and a day program building with a large kitchen that serves the entire campus. Building 11 and
7	building 5 also have small kitchens. LPA noted that there was fresh fruit out in all buildings. LPA
8	observed at least 2 days of perishable foods and 7 days of non-perishable foods in the main kitchen to
9	service 40 residents and staff. LPA conducted a physical inspection of all buildings and sample rooms in
10	each building. LPA noted that rooms are properly equipped with furniture and linens. LPA noted that all
11	buildings had two or more fire extinguishers that are all primed in the green. All buildings has two or
12	more carbon monoxide detectors that were tested and functioning properly. LPA noted that on
13	11/14/2024, Nargan Fire & Safety Co. Inc. conducted a fire safety inspection on the internal fire
14	detection system for all building on campus with a passing rating. LPA noted all buildings have a
15	complete first aide kit. LPA noted that there is a medication room that services the entire campus, and
16	there is a medication cart in building 11 and all other buildings have locked and secured medication
17	cabinets. LPA noted that there are several seating areas outside that have seating and shade via
18	pergola or umbrella for resident activities and visitation. LPA noted that the facility was clean and in good
19	repair and all exits were free and clear of obstacles and debris.
20	LPA conducted a review of facility Infection Control Plan, Emergency Disaster Plan, Liability insurance,
21	Centrally Stored Medication Records, Plan of Operations, Staff and Resident files and found no issues.
22	Administrator and LPA conducted a full review of annual care tools and found not issues. At this time
23	there are no violations or citations as a result of the facility annual inspection.
24	Exit interview, report read, and report provided.
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Kelly Burley
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Mark Jeffries

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/08/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/08/2025

**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.