

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425850335
Report Date: 06/23/2026
Date Signed: 06/23/2026 01:44:40 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	GRANVIDA SENIOR LIVING AND MEMORY CARE	FACILITY NUMBER:	425850335
ADMINISTRATOR/NITHI NARASAPPA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	5464 CARPINTERIA AVENUE	TELEPHONE:	(805) 566-0017
CITY:	CARPINTERIA	STATE:	CA
CAPACITY:	83	ZIP CODE:	93013
TYPE OF VISIT:	Required - 1 Year	CENSUS:	67
		DATE:	06/23/2026
		UNANNOUNCED TIME VISIT/INSPECTION	08:39 AM
		BEGAN:	
MET WITH:	Administrator, Nithi Narasappa	TIME VISIT/INSPECTION	02:15 PM
		COMPLETED:	

NARRATIVE	
1	At 8:40am on 06/23/2026, Licensing Program Analyst (LPA) Jeffries arrived unannounced to the facility to conduct the facility annual inspection. LPA met with Administrator, Nithi Narasappa, announced who he is and the reason for the visit.
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5	Administrator and LPA conducted a physical tour of the facility. This facility has seventy resident rooms, fifty five assisted living rooms have their own on suite bathrooms and fifteen memory care rooms have shared bathrooms. There are two outdoor patios with shading and seating for activities and visitors. Two dining areas, one large facility dining and a smaller privet dining room. The main lobby has additional room for indoor activities, there is a gym, arts and crafts room, and a television room for residents. LPA conducted a physical inspection of sample rooms and noted all rooms have licensing required furniture and linin. LPA noted that fire extinguishers are placed throughout the facility all primed and in the green that were inspected. LPA noted that Low Voltage Solutions Inc. conducted an annual fire inspection on 10/30/2025 indicating visual and functional test as normal. LPA noted that the facility is clean and in good repair with all exits and hallways free of obstruction. LPA noted that the kitchen has at least two days of perishable and at least 7 days of non perishable foods on hand for 83 resident and staff. LPA noted and tested assorted water temperatures throughout the facility to be within regulation requirements. LPA reviewed Emergency Disaster Plan, Infection Control Plan, sample staff and resident files. LPA reviewed all facility personnel have background clearance and noted one employee not present on Guardian Roster, and one "In Progress" on Guardian Roster who were on facility schedule, citation issued (87355(e)).
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17	Administrator and LPA conducted a full review of annual care tools. LPA noted that there were no additional violations or citations on the annual control tools. LPA cited for 2 personnel not properly cleared
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21	Exit interview, report read, appeal rights and report provided
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NAME OF LICENSING PROGRAM MANAGER: Kelly Burley
NAME OF LICENSING PROGRAM ANALYST: Mark Jeffries

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/23/2026

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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Created By: Mark Jeffries On 06/23/2026 at 01:12 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: GRANVIDA SENIOR LIVING AND MEMORY CARE

FACILITY NUMBER: 425850335

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/23/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87355(e)	
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on record review, the licensee did not comply with the section cited above in 2 of 49 which poses an immediate health, safety or personal rights risk to persons in care.				
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	POC Due Date: 07/07/2026				
	Plan of Correction				
1	Administrator agrees to not schedule staff "in process" or not appearing on the Guardian Roster untill fully cleared through the Guardian process. Licensee sent both staff out of the facility to be refingerprinted during the annual inspection.				
2					
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4					
		Section Cited			

	Deficient Practice Statement				
1					
2					
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	POC Due Date:				
	Plan of Correction				
1					
2					
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4					

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Kelly Burley
NAME OF LICENSING PROGRAM ANALYST:	Mark Jeffries

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/23/2026