

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565801201
Report Date: 09/29/2025
Date Signed: 09/29/2025 03:24:02 PM

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

FACILITY NAME:	ABSOLUTE CARE HOME	FACILITY NUMBER:	565801201
ADMINISTRATOR/MARIA LOURDES RICAFORT		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	1601 KIPLING COURT	TELEPHONE:	(805) 986-8118
CITY:	OXNARD	STATE: CA	ZIP CODE: 93033
CAPACITY: 6		CENSUS: 1	DATE: 09/29/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/	
		INSPECTION	10:31 AM
		BEGAN:	
MET WITH:	Maria Lourdes Ricafort - Administrator	TIME VISIT/	
		INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Quoc Huynh arrived at the facility unannounced to conduct a required annual visit at 10:31AM. The LPA met with the Administrator Maria Lourdes Ricafort and informed them of the reason for the visit. Entrance interview conducted.
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7	Beginning at 10:42AM, the LPA and Administrator toured the physical plant areas inside and outside to ensure there were no health and safety hazards, and the facility is in compliance with Title 22 Regulations. The following was observed:
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10	KITCHEN: The LPA observed two (2) knives above the kitchen sink on the drying rack, and the knife drawer was not locked during the tour. The Administrator stated that they were in the process of cleaning, however between 10:31AM and 10:42AM, the LPA observed the Administrator enter and exit the kitchen several times. The Administrator locked the knife drawer. Kitchen appliances were clean and in operable condition. The facility had a supply of perishable and non-perishable food. Food in the refrigerator and freezer were observed to be properly stored and of good quality.
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23	Report Continued on LIC 809-C
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NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/29/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/29/2025

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 III, 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: Quoc Huynh On 09/29/2025 at 02:26 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: ABSOLUTE CARE HOME

FACILITY NUMBER: 565801201

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/29/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87204(a)	
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Limitations -Capacity and Ambulatory Status

(a) A licensee shall not operate a facility beyond the conditions and limitations specified on the license, including specification of the maximum number of persons who may receive services at any one time. An exception may be made in the case of catastrophic emergency when the licensing agency may make temporary exceptions to the approved capacity.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation and interview, the licensee did not comply with the section cited above in the Administrator's relative resided at the facility and shared a room with R1 which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 10/13/2025
	Plan of Correction
1 2 3 4	The Licensee will admit their relative to the facility and provide CCLD their file by POC due date.

	Type B	Section Cited	CCR	87309(a)	
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Storage Space and Access

(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation and interview, the licensee did not comply with the section cited above in knives were not secured and cleaning supplies in the garage were accessible which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 09/29/2025
	Plan of Correction
1 2	The Administrator secured the knives and garage during the visit. POC Cleared.

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:	Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST:	Quoc Huynh
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 09/29/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 09/29/2025

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87555(b)(28)	
General Food Service Requirements					
(b) The following food service requirements shall apply: (28) All food shall be protected against contamination. Contaminated food shall be discarded immediately upon discovery.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1 2 3 4	Based on observation and interview, the licensee did not comply with the section cited above in emergency non-perishable food was expired which poses/posed a potential health, safety or personal rights risk to persons in care.				
	POC Due Date: 10/13/2025				
	Plan of Correction				
1 2 3 4	The Licensee will review/update the food supply and discard of expired food. The Licensee will send CCLD proof and a statement of understanding by POC due date.				
	Type B	Section Cited	CCR	87465(h)(4)	

Incidental Medical and Dental Care Services					
(h) The following requirements shall apply to medications which are centrally stored: (4) All centrally stored medications shall be labeled and maintained in compliance with state and federal laws. No persons other than the dispensing pharmacist shall alter a prescription label.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				

1	Based on interview and record review, the licensee did not comply with the section cited above in R1's medications were not properly documented which poses/posed a potential health, safety or personal rights risk to persons in care.
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	POC Due Date: 10/13/2025
	Plan of Correction
1	The Licensee will update R1's CSMDR and send to CCLD by POC due date.
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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VISIT DATE: 09/29/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87465(e)	
Incidental Medical and Dental Care Services					
(e) For every prescription and nonprescription PRN medication for which the licensee provides assistance there shall be a signed, dated written order from a physician on a prescription blank, maintained in the resident's file, and a label on the medication. Both the physician's order and the label shall contain at least all of the following information.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on interview and record review, the licensee did not comply with the section cited above in R1 did not have a PRN Authroization Letter which poses/posed a potential health, safety or personal rights risk to persons in care.				
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	POC Due Date: 10/13/2025				
	Plan of Correction				

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The Licensee will obtain R1's PRN Authorization Letter and provide it to CCLD by POC due date.

	Type B	Section Cited	HSC	1569.695(a)	
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Other Provisions

(a)In addition to any other requirement of this chapter, a residential care facility for the elderly shall have an emergency and disaster plan that shall include, but not be limited to, all of the following:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on interview and record review, the licensee did not comply with the section cited above in the Licensee was unable to provide the LPA the emergency disaster plan which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 10/13/2025
	Plan of Correction
1 2 3 4	The Licensee will provide CCLD their emergency disaster plan by POC due date.

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:	Kristin Heffernan
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LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 09/29/2025
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FACILITY NUMBER: 565801201
VISIT DATE: 09/29/2025

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	COMMON AREAS: At the time of the visit, the living room and dining room furniture was observed to be in good condition. The living room had an attached garage entrance. The garage contained general storage, cleaning supplies, emergency food and water, extra supply of facility food, and laundry machines. The laundry machines were observed to be in good condition. Emergency food was observed to be expired from 01/2025 to 08/2025. The Administrator stated that they update the food supply monthly. The Administrator initially reported that the garage door remained unlocked during the day and is locked at night and expressed no concerns because Resident #1 (R1) was bed bound. The LPA explained that due to the cleaning supplies stored in the garage, the garage must always remain locked. Required postings were observed in the facility’s hallway in addition to locked cabinets that contained files and medications. The facility maintained a comfortable temperature throughout the visit.

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BEDROOMS/RESTROOMS: There were five (5) total bedrooms: one (1) bedroom occupied by the Administrator, two (2) private resident bedrooms, and two (2) shared resident bedrooms. Bedrooms #3, #4, and #5 had direct exits to the outside. Bedrooms were furnished appropriately with clean linens, appropriate furnishings and sufficient lighting. Extra linens were stored in a closet in the hallway. The LPA observed one (1) additional individual (I1) who resided with R1 in Bedroom #5. The Administrator stated they were related, and the LPA had a discussion and provided the Administrator options on the operation of the facility regarding I1. There were two (2) total restrooms in the facility: one (1) common restroom and one (1) private resident restroom. Restrooms were clean, sanitary, and in operating condition with grab bars and non-slip surfaces. All restrooms were sufficiently stocked with soap, paper products, and displayed hand washing signs. Hot water was tested and measured between 113 degrees F and 116.8 degrees F.

Report Continued on LIC 809-C

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DATE: 09/29/2025

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LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: ABSOLUTE CARE HOME

FACILITY NUMBER: 565801201

VISIT DATE: 09/29/2025

NARRATIVE

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OUTDOOR AREA: The surrounding grounds were equipped with furniture for residents and visitor use. There was one (1) emergency exit door located on the side of the facility. All exits and passageways were free of obstruction. The LPA observed a shed in the backyard that contained general storage.

RECORDS: Record review began at 11:06AM. Resident records were reviewed for, but not limited to care plans, physician's report, admissions agreement, and consent forms. All records were in order. Personnel records were reviewed for, but not limited to health assessments, criminal record clearances, first aid/CPR training, and the appropriate training. All records were in order.

INFECTION CONTROL/EMERGENCY DISASTER PLAN: During today's visit, LPA reviewed the facility's infection control plan and emergency disaster plan. The infection control plan was completed and reviewed annually as required. The Administrator was unable to provide the emergency disaster plan and stated they did not recall where they put it. Emergency disaster drills are not conducted quarterly, with the last documented drill on 04/02/2025. The Administrator stated they forgot to conduct a drill in August, although the next documented quarterly drill was due in July. Smoke and carbon monoxide detectors were tested at 1:17PM and were operational. Fire extinguishers were observed throughout the facility and were last serviced on 06/02/2025.

Report Continued on LIC 809-C

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NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh LICENSING PROGRAM ANALYST SIGNATURE: DATE: 09/29/2025	
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LIC809 (FAS) - (06/04)		Page: 7 of 9
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364	
FACILITY EVALUATION REPORT (Cont)		

FACILITY NAME: ABSOLUTE CARE HOME	FACILITY NUMBER: 565801201 VISIT DATE: 09/29/2025
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NARRATIVE	
1	MEDICATIONS: Medication review began at 1:20PM. Medications were centrally stored and kept inaccessible. Medications were observed for one (1) resident. Medications were labeled and checked for expiration dates and were not properly documented on the centrally stored medications and destruction record (CSMDR). R1 was prescribed Docusate Sodium 100MG filled on 09/23/2025 and Acetaminophen 325MG PRN (as needed) filled on 09/02/2025; both medications were not documented on the CSMDR. The Administrator stated that both medications were PRNs and R1 did not take them often. The LPA observed that only one (1) medication was a PRN, and the Administrator then stated that R1 did not like to take the other medication. The Administrator did not have documented logs of R1's refusals in addition to a PRN Authorization Letter. R1 was also prescribed Amlodipine Besylate 10MG, Atorvastatin Calcium 40MG, Clopidogrel Bisulfate 75MG, Dutasteride 0.5MG, Nebivolol HCL 5MG, and Tamsulosin HCL 0.4MG which were not accurately recorded and had the incorrect expiration date, fill date, and start date on R1's CSMDR. Pursuant to Title 22 CA Code of Regulations and/or Health and Safety Code, the following deficiencies were cited (Refer to LIC 809-D). Exit interview conducted. A copy of the Appeal Right and report was reviewed and provided.
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NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh LICENSING PROGRAM ANALYST SIGNATURE: DATE: 09/29/2025	
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 21731 VENTURA BLVD. #250
WOODLAND HILLS, CA 91364

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.695(c)	
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(c) A facility shall conduct a drill at least quarterly for each shift ... Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on interview and record review, the licensee did not comply with the section cited above in the
2 Licensee did not conduct quarterly emergency drills which poses/posed a potential health, safety or
3 personal rights risk to persons in care.
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POC Due Date: 10/13/2025

Plan of Correction

1 The Licensee will create a schedule for emergency disaster drills, conduct them quarterly, and submit a
2 statement of understanding by POC due date.
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		Section Cited			
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Deficient Practice Statement

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POC Due Date:

Plan of Correction

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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 Kristin Heffernan
MANAGER:
NAME OF LICENSING PROGRAM Quoc Huynh
ANALYST:
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 09/29/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
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