

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565801462
Report Date: 03/04/2026
Date Signed: 03/05/2026 10:52:17 AM

Document Has Been Signed on 03/05/2026 10:52 AM - 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	A NURTURING TOUCH	FACILITY NUMBER:	565801462
ADMINISTRATOR/VIVECA LIM		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	79 PINEWOOD	TELEPHONE:	(818) 889-8025
CITY:	OAK PARK	STATE: CA	ZIP CODE: 91377
CAPACITY: 6		CENSUS: 4	DATE: 03/04/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	INSPECTION
			10:19 AM
MET WITH:	Viveca Lim	BEGAN:	
		TIME VISIT/	
		INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Zabel Chochian conduct a required annual visit. Upon arrival, the LPA was greeted by (2) staff. Reason for visit was stated. Administrator, Viveca Lim was contacted. Beginning at approximately 11:00 a.m. LPA toured the physical plant areas inside and outside with staff to ensure there are no health and safety hazards and facility is in compliance with Title 22 Regulations. KITCHEN: Knives and sharps were observed inaccessible in a kitchen drawer. Cleaning supplies were observed under the kitchen sink inaccessible to residents in care. Kitchen appliances were in operable condition. Sufficient two-day perishable and seven-day non-perishable supply observed. GARAGE: The garage was locked and inaccessible to residents at the time of the visit. The LPA observed an adequate amount of emergency food and water. Washer and dryer were observed inside the garage. There is an additional refrigerator with adequate food; properly stored. Additional cleaning supplies are kept in the garage locked and inaccessible to residents in care. COMMON AREAS: Furniture in the common areas observed to be in good condition. The facility maintained a comfortable temperature. The LPA observed the fire extinguisher to be fully charged with a date of 01/13/2026. Required postings observed throughout the common space. Activities were observed in the common area. There is a working telephone on premises. Clean linens and towels observed in the hallway closet. Fireplace is appropriately screened. BEDROOMS: There are four (4) bedrooms for resident use. Two (2) bedrooms are designated as single occupancy, and two (2) bedrooms are designated as double occupancy. All resident rooms were observed to be furnished appropriately with linens, appropriate furnishings, and sufficient lighting. The LPA observed a staff bedroom on premises. Continued on LIC 809C.
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NAME OF LICENSING PROGRAM MANAGER: Desaree Perera
NAME OF LICENSING PROGRAM ANALYST: Zabel Chochian

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/04/2026

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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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: A NURTURING TOUCH FACILITY NUMBER: 565801462
VISIT DATE: 03/04/2026

NARRATIVE	
1	RESTROOMS: There are three (3) restrooms for resident use. First bathroom is located by the front entrance; second bathroom is located between bedrooms #2 and #3; and third bathroom is located inside bedroom #3. Bathrooms were clean and sanitary and in operating condition with grab bars and non-skid surfaces. The bathrooms were sufficiently stocked with supplies and paper towels. Starting at 09:46 a.m., the hot water temperature was measured in all bathrooms, and they measured between 117.1 and 119.3 degrees Fahrenheit. BACKYARD: The backyard has a covered patio area with patio furniture for resident use. All passageways were observed to be clear of any obstructions. There are two (2) side gates with latching mechanisms. No bodies of water noted at the time of the visit. No obstructions or hazards were observed inside or outside the facility. RECORDS: The LPA reviewed Resident Records and Staff Records starting at 12:15 p.m.-1:15 p.m. Four (4) resident files were reviewed for, but not limited to, the following: signed admission agreements, current medical assessments with TB results, Consent for Treatment form, and current needs and services plan. Three (3) personnel files including the current Administrator's file were reviewed for, but not limited to: personnel records, health assessments, criminal record clearances, first aid/CPR training, and the appropriate yearly training. All records were in order. Current Administrator's Certificate expires on 11/26/2027. The facility's policies and procedures as it pertains to infection control are adequate. The facility's emergency and disaster plan was observed to be complete and recently reviewed/updated. Emergency disaster drills conducted quarterly as per regulation; the last one being an earthquake and fire drill which was conducted on 01/06/2026. MEDICATIONS: Medications review began at approximately 1:30 p.m - 2:45 p.m. Medications are centrally stored and kept in a locked cabinet by the kitchen. Three (3) resident medications and records were reviewed. All medications including PRNs were labeled, stored, and locked inaccessible to residents in care. Medications appeared to be given as prescribed at the time of the visit. During today's visit, the LPA interviewed three (3) residents. Two (2) out of the three (3) residents were able to converse with LPA. No concerns were noted. No citations issued. Exit interview conducted. A copy of the report was issued.
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NAME OF LICENSING PROGRAM MANAGER: Desaree Perera NAME OF LICENSING PROGRAM ANALYST: Zabel Chochian LICENSING PROGRAM ANALYST SIGNATURE: DATE: 03/04/2026	
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE: DATE: 03/04/2026	