

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565801486
Report Date: 07/21/2026
Date Signed: 07/21/2026 05:30:29 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:	AUTUMN MANOR, LLC #3	FACILITY NUMBER:	565801486
ADMINISTRATOR/FULGENTES, JENNIFER		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	2747 ATHERWOOD AVENUE	TELEPHONE:	(805) 527-8281
CITY:	SIMI VALLEY	STATE: CA	ZIP CODE: 93065
CAPACITY: 6		CENSUS: 3	DATE: 07/21/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	08:30 AM
		BEGAN:	
MET WITH:	Maria Mendez Licensee	TIME VISIT/INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE	
1	At 8:30 A.M. Licensing Program Analyst (LPA) Valeria Conway arrived at the facility unannounced to conduct a required annual visit. Upon arrival, the LPA met with staff, Lydia Palaroan Baracena, and explained the reason for the visit. At 9:13 A.M. Licensee Maria Mendez and back-up Administrator, Christopher Fulgentes, arrived and the reason of the visit was explained. LPA and staff toured the physical plant areas inside and outside to ensure there are no health and safety hazards, and the facility is in compliance with Title 22 Regulations. The following was observed: During the physical plant tour, the LPA observed five (5) resident bedrooms, which were furnished appropriately with clean linens, appropriate furnishings and sufficient lighting. The shared bathrooms were clean and sanitary and in operating condition with grab bars and slip resistant surfaces. The bathrooms were sufficiently stocked with supplies and paper towels. The hot water temperature was measured between 105 - 120 degrees Fahrenheit. LPA observed personal hygiene supplies and toiletries to be centrally stored and inaccessible in a hallway cabinet. There was one (1) staff room, which was observed to be locked and inaccessible to residents in care. The LPA inspected the kitchen/food service area. Kitchen appliances appeared clean and to be in operable condition at the time of the visit. The facility has a sufficient supply of perishable and non-perishable food. Food labels were inspected and checked for dates and expiration dates. The knives and sharps were observed locked and inaccessible to residents in care. Continued on LIC 809-C
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Desaree Perera Valeria Conway

DATE: 07/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/21/2026

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.

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

FACILITY NAME: AUTUMN MANOR, LLC #3

FACILITY NUMBER: 565801486

VISIT DATE: 07/21/2026

NARRATIVE	
1	Continued from LIC 809-C
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3	At the time of the visit, the common area furniture's were observed to be in good condition. LPA
4	observed a fireplace properly screened. A sufficient supply of clean linen and towels were observed
5	stored in a hallway closet. The facility maintained a temperature of 72 degrees Fahrenheit. Smoke
6	detector(s) and carbon monoxide detector were operational at the time of the visit. LPA observed that
7	the facility is equipped with a fire sprinkler system throughout the premises. The Licensee was unable to
8	provide current system inspection report. Technical Advice (TA) issued. Also, LPA observed multiple fully
9	charged fire extinguishers, they were last serviced 08/11/2025. There is an office area located next to
10	the kitchen. LPA observed resident files stored inaccessible to residents in care.
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12	All exits have functioning auditory devices and were operational at the time of the visit. The LPA
13	observed required postings throughout the common areas. There is an attached garage observed
14	inaccessible to residents in care. LPA observed garage to have a laundry area and to store emergency
15	food, emergency water, extra incontinent supplies, linen, PPE, as well as additional furniture and
16	medical equipment for facility use. The backyard has a covered outdoor area equipped with furniture
17	including a table and chairs for resident use. The LPA observed the main gate and the side gates with
18	clear passageways clear of obstruction. LPA did not observe any bodies of water during the visit.
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20	Records review, three (3) resident records were reviewed for, but not limited to: appraisals, medical
21	records, admissions agreement, consent forms. Six (6) personnel records were reviewed for, but not
22	limited to: personnel records, health assessments, criminal record clearances, first aid/CPR training, and
23	the appropriate training. All files were observed to be in order at this time. Emergency disaster drills are
24	conducted every three (3) months.
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26	Continued on LIC 809-C
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NAME OF LICENSING PROGRAM MANAGER: Desaree Perera	
NAME OF LICENSING PROGRAM ANALYST: Valeria Conway	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/21/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/21/2026

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NARRATIVE

Continued from LIC 809-C

Medications review, all medications including PRNs were labeled, stored and inaccessible to residents in care. LPA observed that medication was being pre-popped in advance of administration. During today's visit LPA informed the licensee and designee that removing medication from their original packaging in advance of administration (pre-popping) is not permitted. Technical Violation (TV) issued. Furthermore, LPA observed a discrepancy between the Resident #1's (R1's) physician's order, medication label, and the facility's medication records. The Sertraline 50 mg Oral Tab bottle, the hospice Plan of Care dated on 03/06/2026, and a current medication list, dated 07/21/2026, indicated that R1 is to take one (1) and one-half (1/2) tablets by mouth every morning. However, staff confirmed the R1 has been receiving one tablet by mouth every morning, consistent with the Centrally Stored Medication and Destruction Log and Medication Administration Record (MAR) record. This reflects that medication has not being administered in accordance with the physician's prescribed order.

Infection control: The facility has an adequate supply of Personal Protection Equipment (PPE), and the facility is able to obtain additional supplies as needed. The facility's cleaning protocol is sufficient. If needed, the facility has the capacity to designate a single isolation room if the facility has a confirmed case of an infectious disease. The facility's policies and procedures as they pertain to infection control and emergency disaster plan are adequate.

LPA reviewed the following documents at the time of visit: LIC500 Personnel Report, LIC9020 Client Roster, facility's liability insurance.

Pursuant to Title 22, California Code of Regulations and/or CA Health and Safety Code, the following deficiencies were cited (refer to LIC 809) Administrator was informed that failure to correct the deficiencies may result in civil penalties.

Exit interview conducted, appeal rights discussed, and a copy of this report and appeal rights were provided.

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NAME OF LICENSING PROGRAM ANALYST: Valeria Conway	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/21/2026
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Created By: Valeria Conway On 07/21/2026 at 01:59 PM
 Link to Parent Document Below:

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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/21/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87465(c)(2)	

Incidental Medical and Dental Care Services

(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met: (2) Once ordered by the physician the medication is given according to the physician's directions.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation and record review, the licensee did not comply with the section cited above as Sertraline medication was not being given as prescribed which poses an immediate health risk to persons in care.
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	POC Due Date: 07/23/2026
	Plan of Correction
1	The Licensee will contact R1's primary care physician and/or hospice nurse to verify the correct medication dosage and time. Once verified the facility will administer the medication accordingly or update documentation to reflect correct directions and dosage. A copy of current medication list from the hospice agency will be sent to LPA before 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.

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NAME OF LICENSING PROGRAM ANALYST:	Valeria Conway
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