

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565801532

Report Date: 11/19/2025

Date Signed: 11/20/2025 09:25:32 AM

Document Has Been Signed on 11/20/2025 09:25 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:	NORMA J'S HOME FOR THE ELDERLY, THE	FACILITY NUMBER:	565801532
ADMINISTRATOR/DIRECTOR:	LORETTA LOUISE TIEDE	FACILITY TYPE:	740
ADDRESS:	142 W. COLUMBIA ROAD	TELEPHONE:	(818) 422-7667
CITY:	THOUSAND OAKS	STATE:	CA
CAPACITY:	6	ZIP CODE:	91360
TYPE OF VISIT:	Required - 1 Year	CENSUS:	6
		DATE:	11/19/2025
		UNANNOUNCED TIME VISIT/INSPECTION:	10:45 AM
		BEGAN:	
MET WITH:	Loretta Tiede	TIME VISIT/INSPECTION:	04:15 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Zabel Chochian conducted a required annual visit. Upon arrival, LPA
2 met with staff (2). Reason for the visit was stated. Facility manager Robin Douglas contacted
3 Administrator Loreta T. who arrived during the inspection. At approximately 10:50 a.m., LPA along with
4 staff toured the physical plant areas inside and outside to ensure there are no health and safety hazards
5 and facility is in compliance with Title 22 Regulations. Following was observed:
6
7 **KITCHEN:** Knives and sharps were observed in a locked drawer. Cleaning supplies were observed
8 locked under the kitchen sink. Kitchen appliances were in operable condition. The facility has a sufficient
9 supply of perishable and non-perishable food. Refrigerator and food pantry were checked for proper
10 labels and expiration dates. The kitchen faucet was measured for hot water temperature, and it
11 measured 105.9 degrees Fahrenheit. **COMMON AREAS:** At the time of the visit, furniture in the
12 common areas was observed to be in good condition. The facility maintained a comfortable
13 temperature. At approximately 11:45, smoke detector(s) and carbon monoxide detector were tested and
14 operational at the time of the visit. The fire extinguisher was observed and fully charged on 10/26/2025.
15 The LPA observed required postings throughout the common space. Emergency disaster drills
16 conducted quarterly as per regulation; the last drill was conducted on 09/05/2025. Activities were
17 observed in the common areas. Laundry detergent was observed in a locked cabinet above the washer
18 and dryer. **RESTROOMS:** There are three (3) restrooms for resident use. Bathrooms observed in
19 operating condition with grab bars and non-skid surfaces. The bathrooms were sufficiently stocked with
20 supplies and paper towels. The hot water temperature was measured; the first bathroom measured at
21 105 degrees Fahrenheit; the second bathroom measured at 108.7 degrees Fahrenheit; and the third
22 bathroom measured 110.2 degrees Fahrenheit.
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera

NAME OF LICENSING PROGRAM ANALYST: Zabel Chochian



DATE: 11/19/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 11/19/2025

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	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: NORMA J'S HOME FOR THE ELDERLY,
THE

FACILITY NUMBER: 565801532

VISIT DATE: 11/19/2025

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>BEDDROOMS: There are 6 (six) total bedrooms in the facility; one (1) is designated as a shared room, four (4) are designated as private resident rooms and 1 (one) is utilized as a staff room. All resident rooms were observed to be furnished appropriately with linens, appropriate furnishings, and sufficient lighting.</p> <p>GARAGE/BACKYARD: The garage was locked and inaccessible to residents at the time of the visit. There is an additional refrigerator with perishable food, in good condition. LPA observed an adequate amount of emergency food and water. Cleaning supplies are kept in the garage locked and inaccessible to residents in care. The backyard has a covered patio area with patio furniture including a table and chairs for resident use. All passageways were observed to be clear of any obstructions. There is a side gate that is single latched. LPA observed a gated pool in the backyard that was locked and inaccessible at the time of the visit.</p> <p>RECORDS: LPA reviewed Resident and Staff Records at approximately 1:30 p.m. Six (6) resident (R) files were reviewed for, but not limited to, the following: signed admission agreements, current medical assessments with TB results, LIC627(c) Consent for Treatment form, current needs and services plan, hospice binder. No hospice care plan observed for the current residents (R1 R4, R5, R6) on hospice. Three (3) personnel files were reviewed for, but not limited to: personnel records, health assessments, criminal record clearances, first aid/CPR training, and the appropriate training. All records were in order.</p> <p>MEDICATIONS: Medications review began at approximately 3p.m. The medications are locked in a cabinet adjacent to the kitchen. All medications including PRNs were labeled, stored, and locked inaccessible to residents in care. Medications are labeled and checked for expiration dates. Medications appeared to be given as prescribed at the time of the visit.</p> <p>The following deficiencies were observed (See LIC 809-D.) and cited from the California Code of Regulations, Title 22 and California Health and Safety Code. Failure to correct the deficiencies may result in civil penalties.</p> <p>Exit interview conducted. A copy of the report and appeal rights were provided.</p>

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera NAME OF LICENSING PROGRAM ANALYST: Zabel Chochian LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 11/19/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/19/2025
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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: NORMA J'S HOME FOR THE ELDERLY, THE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 565801532
VISIT DATE: 11/19/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87633(a)	
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Hospice Care for Terminally Ill Residents

(a) The licensee shall be permitted to accept or retain residents who have been diagnosed as terminally ill by his or her physician and surgeon and who may or may not have restrictive and/or prohibited health conditions, to reside in the facility and receive hospice services from a hospice agency in the facility, when all of the following conditions are met:

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. LICensee did not have hospice care plas for R1, R4, R5 and R6. This poses/posed a potential health, safety or personal rights risk to persons in care.
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3	
4	
	POC Due Date: 11/25/2025
	Plan of Correction
1	Licensee/Administrator agreed to submit a copy of the hospice care plans for residents on hospice and facility hospice agreement between facility and hospice agency.
2	
3	
4	

		Section Cited			
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	Deficient Practice Statement
1	
2	
3	
4	
	POC Due Date:
	Plan of Correction
1	
2	
3	
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:	Desaree Perera
NAME OF LICENSING PROGRAM ANALYST:	Zabel Chochian
LICENSING PROGRAM ANALYST SIGNATURE:	<div style="border: 1px solid black; width: 100%; height: 40px; display: flex; justify-content: space-between; align-items: center;"> DATE: 11/19/2025 </div>

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

FACILITY REPRESENTATIVE SIGNATURE:	<div style="border: 1px solid black; width: 100%; height: 40px; display: flex; justify-content: space-between; align-items: center;"> DATE: 11/19/2025 </div>
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