

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 565801876

Report Date: 03/19/2026

Date Signed: 03/19/2026 05:48:09 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	ATRIA GRAND OAKS	FACILITY NUMBER:	565801876
ADMINISTRATOR/EDEN TOLENTINO DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	2177 E THOUSAND OAKS BLVD	TELEPHONE:	(805) 370-5400
CITY:	THOUSAND OAKS	STATE:	CA
CAPACITY:	140	ZIP CODE:	91362
TYPE OF VISIT:	Required - 1 Year	CENSUS:	113
		DATE:	03/19/2026
		UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 10:07 AM
		INSPECTION	COMPLETED: 06:00 PM
MET WITH:	Eden Tolentino		

### NARRATIVE

1 Licensing Program Analysts (LPAs) Angela Barutyan and Quoc Huynh arrived at the facility  
2 unannounced to conduct a required annual visit at 10:07AM. LPAs met with staff and Executive Director  
3 (ED) Eden Tolentino who arrived shortly thereafter. Reason for the visit was explained.  
4  
5 Beginning at 11:22AM, LPA Barutyan along with ED Tolentino, toured the physical plant areas inside and  
6 outside to ensure there are no health and safety hazards. The following was observed: The facility is a  
7 three-story building, with resident rooms on all three floors. Units are designated for assisted living  
8 residents on all three floors and a separate unit on the first floor is designated for memory care  
9 residents.  
10  
11 **KITCHEN:** At 11:24 AM, LPA observed the kitchen and dining area. Kitchen area remains inaccessible  
12 to residents. Knives are inaccessible to residents in care. Kitchen appliances are in operable condition.  
13 Chemicals and cleaning supplies were stored separately from the food and food preparation area. The  
14 facility has a sufficient supply perishable and non-perishable food. The menu was posted outside the  
15 dining area. Snacks and beverages are available for residents.  
16  
17 **BEDROOMS:** LPA observed ten (10) randomly selected resident rooms throughout facility. Rooms were  
18 furnished with clean linens, appropriate furniture, and sufficient lighting.  
19  
20 **RESTROOMS:** LPA observed restrooms in ten (10) resident units. All restrooms were fully stocked with  
21 supplies. Restrooms were clean and sanitary and in operating condition with grab bars and slip-resistant  
22 surfaces. Hot water temperature was measured in all bathrooms and were between 105.7-111.2  
23 degrees Fahrenheit, which is within the required range.  
24  
25 **Continued on LIC 809-C.**

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Angela Barutyan

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 03/19/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 03/19/2026

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

LIC809 (FAS) - (06/04)

California Health &amp; Human Services Agency

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California Department of Social Services

**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: Angela Barutyan On 03/19/2026 at 05:16 PM**  
**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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**FACILITY NAME:** ATRIA GRAND OAKS

**FACILITY NUMBER:** 565801876

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 03/19/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87307(e)(2)(A)	
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**Personal Accommodations and Services**

(e) The licensee shall supervise residents as needed and as determined by the resident's appraisal pursuant to Section 87457, Pre-Admission Appraisal or Section 87463, Reappraisals, when residents are in proximity to or when there is use of the following items: (2) Fishponds, wading pools, hot tubs, swimming pools, or similar larger bodies of water. (A) The licensee shall ensure that the bodies of water specified above are inaccessible through fencing, covering, or other means when not in active use by residents.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on observation, the licensee did not comply with the section cited above as the outdoor swimming pool was accessible to residents in care which poses an immediate health and safety risk to persons in care.
2	
3	
4	
	<b>POC Due Date:</b> 03/20/2026
	<b>Plan of Correction</b>
1	The latching mechanism for the pool gate was repaired during the visit. POC is cleared.
2	
3	
4	

		Section Cited			
--	--	---------------	--	--	--

	<b>Deficient Practice Statement</b>
1	
2	
3	
4	
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
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.**

Kristin Heffernan

**NAME OF LICENSING PROGRAM**

**MANAGER:**

**NAME OF LICENSING PROGRAM**

Angela Barutyan

**ANALYST:**

**LICENSING PROGRAM ANALYST SIGNATURE:**

[Signature area]

**DATE:** 03/19/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

[Signature area]

**DATE:** 03/19/2026

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  
, 21731 VENTURA BLVD. #250  
WOODLAND HILLS, CA 91364

**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** ATRIA GRAND OAKS

**FACILITY NUMBER:** 565801876

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 03/19/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

Type B	Section Cited	HSC	1569.605
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**Other Provisions**

On and after July 1, 2015, all residential care facilities for the elderly, except those facilities that are an integral part of a continuing care retirement community, shall maintain liability insurance covering injury to residents and guests in the amount of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the total annual aggregate, caused by the negligent acts or omissions to act of, or neglect by, the licensee or its employees.

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 as the facility had no record of a current and active liability insurance policy which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 03/26/2026	
Plan of Correction	
1	ED stated they will provide proof of liability insurance to CCL by the due date.
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.

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Kristin Heffernan
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Angela Barutyan
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 03/19/2026

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 03/19/2026

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

**FACILITY NAME:** ATRIA GRAND OAKS **FACILITY NUMBER:** 565801876  
**VISIT DATE:** 03/19/2026

**NARRATIVE**

1 **COMMON AREAS:** LPA observed common area to be relatively clean and properly furnished. LPA  
2 observed the fire extinguishers throughout the facility to be fully charged and last serviced on  
3 02/19/2026. The facility's smoke alarms are hard wired, and the facility is equipped with a sprinkler  
4 system. Fire alarm/sprinkler system were last tested on 02/11/2026 and 03/17/2026 by a third-party  
5 vendor. Inside temperature was maintained at a comfortable level.  
6

7 **OUTDOOR SPACE:** LPA observed appropriate outdoor furniture with a covered shaded area for  
8 residents. There was an enclosed patio for residents whom reside in the memory care unit. At 12:05PM,  
9 LPA observed the pool gate to be unlocked and accessible as the latching mechanism was inoperable.  
10 Maintenance was contacted during the visit and repaired the latch. LPA retested the pool gate at  
11 03:54PM and observed the pool gate to properly lock.  
12

13 **ACTIVITIES/OTHER:** Planned activities are offered, and the activity schedule was posted. The activity  
14 schedules are distributed to the residents and are also located near the elevators for residents to pick up  
15 if needed. Activity rooms and common spaces appeared clean and in good repair. Medications and first  
16 aid kits are located in locked medication rooms. Cleaning solutions, toxins, chemicals and hazardous  
17 items were inaccessible and locked away in the janitor closets/maintenance closets.  
18

19 **RECORD REVIEW:** Beginning at 11:22AM, LPA Huynh conducted a file review for ten (10) residents  
20 and eight (8) staff for documents including but not limited to: medical records, care plans, Admission  
21 Agreement, TB test, health screening, staff training, first aid/CPR, and fingerprint clearance. Resident  
22 and personnel files were in order. Emergency drills are conducted quarterly, with the last drill conducted  
23 on 02/26/2026. The LPAs reviewed facility's Infection Control Plan and Emergency and Disaster Plan  
24 which was observed to be complete and updated. At 03:41PM, LPAs observed the facility's liability  
25 insurance policy with an expiration date of 06/01/2025. ED was unable to provide proof of an active  
26 policy during today's visit.  
27

28 **MEDICATION REVIEW:** Starting at 04:36PM, LPA Huynh conducted a review of medication and  
29 medication documentation with staff for two (2) residents and observed that medications were properly  
30 documented and assisted with as prescribed. No concerns or errors were observed.  
31

32 Pursuant to Title 22, CA Code of Regulations, the following deficiencies were cited (refer to LIC 809-D).  
Civil penalty was issued in the amount of \$500 for accessible bodies of water. Administrator was  
informed that failure to correct deficiencies may result in additional civil penalties. Exit interview  
conducted, report issued, and appeal rights provided.

**NAME OF LICENSING PROGRAM MANAGER:** Kristin Heffernan

**NAME OF LICENSING PROGRAM ANALYST:** Angela Barutyan

**LICENSING PROGRAM ANALYST SIGNATURE:**

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