

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565801999

Report Date: 11/04/2025

Date Signed: 11/05/2025 10:52:50 AM

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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: EDNA'S RESIDENTIAL CARE III	FACILITY NUMBER: 565801999
ADMINISTRATOR/EDNA DANGIAPO	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 1258 BEECHWOOD STREET	TELEPHONE: (805) 200-8156
CITY: CAMARILLO	STATE: CA
CAPACITY: 6	ZIP CODE: 93010
TYPE OF VISIT: Required - 1 Year	CENSUS: 4
	DATE: 11/04/2025
	UNANNOUNCED TIME VISIT/ INSPECTION: 10:15 AM
	BEGAN: TIME VISIT/ INSPECTION: 03:30 PM
MET WITH: Edna Dangiapo	COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) Valeria Conway arrived at the facility unannounced to conduct a
2	required annual visit at 10:15 A.M. LPA initially met with facility staff Magdalena Duya and Samuel
3	Ybanez. Licensee/Administrator was contacted via telephone and arrived at the facility at 10:55 A.M.
4	Entrance interview conducted.
5	
6	Beginning at 11:20 A.M., the LPA, along with Licensee/Administrator toured the physical plant areas
7	inside and outside to ensure there are no health and safety hazards and facility is in compliance with
8	Title 22 Regulations. This facility doesn't have a staff room; facility will provide 24/7 care. The facility
9	serves residents with dementia, the auditory alarms on the exit doors were tested and functioned
10	properly at the time of visit. The following was observed:
11	
12	OUTDOOR SPACE: The backyard has a covered outdoor area equipped with furniture for residents'
13	use. All exits and passageways were observed to be free of hazards. There were no bodies of water
14	noted. Facility has two total gates; both were observed to be self-latching and closing with clear
15	passageways for emergency exit use.
16	
17	KITCHEN: Kitchen appliances appeared to be in operable condition. The facility has a sufficient supply
18	of perishable and non-perishable food. Knives, staff and resident files and medication were observed to
19	be locked inside kitchen cabinets at the time of the visit. At 11:41 A.M. hot water measured at 136.9
20	degrees Fahrenheit. During today's visit, the licensee adjusted the thermostats to bring water
21	temperature within the required range.
22	
23	Continued on LIC 809
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera
NAME OF LICENSING PROGRAM ANALYST: Valeria Conway

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 11/04/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:**

DATE: 11/04/2025**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.

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

FACILITY NUMBER: 565801999

VISIT DATE: 11/04/2025

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>Continued from LIC 809-C</p> <p>LAUNDRY ROOM/GARAGE: Adjacent to the kitchen is a separate laundry room and locked garage. Cleaning supplies and hygiene products were observed to be locked in a cabinet and properly stored at the time of the visit. Garage was observed and contained extra food, cleaning supplies and emergency food and water.</p> <p>COMMON SPACES: In the common areas, walls and flooring were checked for cleanliness and good condition. At the time of the visit, living room and dining room furniture was observed to be in good condition. The LPA observed the required postings in the common area. A fireplace was observed to be inaccessible to residents in care. The facility maintained a comfortable temperature of 73 degrees. Facility provides sufficient space to accommodate both indoor and outdoor activities. LPA observed a working phone available for residents use whenever needed. Individual smoke detectors were tested at 11:46 A.M. and carbon monoxide detector were tested at 11:48 A.M. All alarms were functional at the time of the visit. Fire extinguisher was observed to be fully charged and last serviced on 08/12/2025.</p> <p>BEDROOMS: There are 5 (five) total bedrooms; 1 (one) of which is a shared resident room, 4 (four) are private resident rooms. The LPA observed the resident bedrooms, which were furnished appropriately with clean linens, appropriate furnishings and sufficient lighting.</p> <p>RESTROOMS: The LPA observed 3 (three) restrooms in the facility; 1 (one) is for shared use and 2 (two) are designated for private resident use. Resident restrooms were observed to be clean and sanitary and in operating condition with grab bars and slip-resistant surfaces. Starting at 11:27 A.M., LPA measured hot water temperature in all restrooms, which were found to be above the required range of 105-120 degrees Fahrenheit. During today's visit, the licensee adjusted the thermostats to bring water temperature within the required range.</p> <p>RECORD REVIEW: Staff and resident records were reviewed for documents including, but not limited to: health screening, TB test, staff training records, fingerprint clearance, resident physician's report, needs and service appraisal, and personal rights. Four (4) resident records reviewed were complete and contained all required documents. LPA reviewed medical assessments for Resident #1 and #2 indicating no capacity for self-care. During today's visit, both residents were observed self-feeding.</p> <p>Continued on LIC 809-C</p>

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera NAME OF LICENSING PROGRAM ANALYST: Valeria Conway LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 11/04/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/04/2025

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

FACILITY NAME: EDNA'S RESIDENTIAL CARE III

FACILITY NUMBER: 565801999

VISIT DATE: 11/04/2025

NARRATIVE

1 Continued from LIC 809-C
2
3 Licensee will contact primary physicians to update medical assessments. Additionally, LPA observed
4 that three (3) out of four (4) Needs and Service Plans were not signed by the residents or their
5 responsible persons. Four (4) staff files reviewed were complete and contained all required documents.
6 However, LPA observed two caregivers did not have a valid CPR on file. Technical Violation (TV) issued.
7
8 **MEDICATION REVIEW:** Medications for four (4) residents were observed. Medications are centrally
9 stored and locked in a cabinet in the kitchen. Medications are labeled and checked for expiration dates.
10 Medications are properly documented on the centrally stored medications and destruction record. No
11 errors observed during the medication review.
12
13 **EMERGENCY DISASTER PLAN/INFECTION CONTROL PLAN:** LPA reviewed the facility emergency
14 disaster plan and infection control plan, both of which were complete and updated annually as required.
15 Emergency disaster drills are conducted quarterly, with the last drill documented on 10/02/2025.
16
17 During today's visit, LPA gathered the following items: Personnel Record (LIC500), Facility Roster
18 (LIC9020A) and a copy of the facility's liability insurance.
19
20 Pursuant to Title 22, California Code of Regulations and/or CA Health and Safety Code, the following
21 deficiencies were cited (refer to LIC 809-D.) Administrator was informed that failure to correct the
22 deficiencies may result in civil penalties.
23
24 Exit interview conducted, appeal rights discussed, and a copy of this report and appeal rights were
25 provided.
26
27
28
29
30
31
32

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera**NAME OF LICENSING PROGRAM ANALYST:** Valeria Conway**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 11/04/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 11/04/2025

LIC809 (FAS) - (06/04)

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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

FACILITY NAME: EDNA'S RESIDENTIAL CARE III

FACILITY NUMBER: 565801999

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/04/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type A	Section Cited	CCR	87303(e)(2)
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Maintenance and Operation

(e) Water supplies and plumbing fixtures shall be maintained as follows: (2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of

not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).


This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on observation, the licensee did not comply with the section cited above by having the hot water temperature above the required range which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 11/04/2025	
Plan of Correction	
1	During today's visit, the licensee adjusted the thermostats to bring water temperature within the required range.
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	Desaree Perera
MANAGER:	
NAME OF LICENSING PROGRAM	Valeria Conway
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 11/04/2025

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

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: EDNA'S RESIDENTIAL CARE III
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 565801999
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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87506(a)	
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Resident Records

(a) The licensee shall ensure that a separate, complete, and current record is maintained for each resident in the facility or in a central administrative location readily available to facility staff and to licensing agency staff.

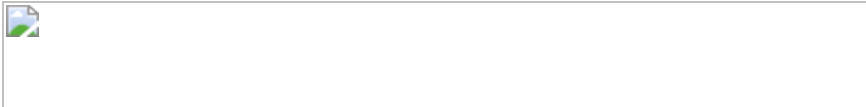
This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on record review, the licensee did not comply with the section cited above by not having an accurate Medical Assessment for two residents and three Needs and service plans not signed by the resident or resident's responsible person which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 11/18/2025	
Plan of Correction	
1	Licensee agreed to contact resident's primary Dr to get Medical Assessments updated and get Needs and Service Plans signed and submit proof to LPA before POC 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.

NAME OF LICENSING PROGRAM MANAGER:	Desaree Perera
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