

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565802468
Report Date: 11/14/2025
Date Signed: 11/14/2025 02:39:11 PM

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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: AMERICA'S CARE MANOR		FACILITY NUMBER:	565802468
ADMINISTRATOR/MARIA D. CALLES		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	5794 KATHERINE STREET	TELEPHONE:	(818) 448-8641
CITY:	SIMI VALLEY	STATE: CA	ZIP CODE: 93063
CAPACITY: 6		CENSUS: 5	DATE: 11/14/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	09:00 AM
		BEGAN:	
MET WITH:	Maria Calles	TIME VISIT/	
		INSPECTION	03:00 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Martha Arroyo arrived at the facility unannounced
2	to conduct the required annual visit at 9:00AM. Upon arrival, LPA was greeted by the
3	Administrator, Maria Calles, and at this time the reason for the visit was explained.
4	Entrance interview conducted.
5	
6	
7	Beginning at 09:05AM, the LPA along with the Administrator toured the physical
8	plant areas inside and outside to ensure there are no health and safety hazards and
9	facility is in compliance with Title 22 Regulations. The following was observed:
10	
11	Kitchen: The LPA inspected the kitchen/food service area at approximately
12	09:18AM. Knives and sharps were observed locked and inaccessible under the
13	kitchen sink. Kitchen appliances were in operable condition. The facility has a
14	sufficient supply of perishable and non-perishable food. Refrigerator and food pantry
15	were checked for proper labels and expiration dates.
16	
17	
18	Common Areas: At the time of the visit, furniture in the common areas was
19	observed to be in good condition. The facility maintained a comfortable temperature.
20	The LPA observed the fire extinguisher to be fully charged with a date of 05/06/2025.
21	Required postings were observed throughout the common space. There is a working
22	telephone on premises. Cameras observed in the common areas. The LPA observed
23	a fireplace in the living room adequately screened at the time of the visit. Activities
24	were observed in the living room. No hazards/obstruction observed inside or out.
25	
Continued on LIC 809C...	

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera	
NAME OF LICENSING PROGRAM ANALYST: Martha Arroyo	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 11/14/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 11/14/2025

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	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: AMERICA'S CARE MANOR

FACILITY NUMBER: 565802468
VISIT DATE: 11/14/2025

NARRATIVE	
1	Continued from LIC 809...
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3	
4	Restrooms: There are two (2) restrooms for resident use. The first bathroom is
5	located by the main hallway, and the second bathroom is located in bedroom #4.
6	Bathrooms were clean and sanitary and in operating condition with grab bars and
7	non-skid surfaces. The bathrooms were sufficiently stocked with supplies and paper
8	towels. Starting at 09:12AM, the hot water temperature was measured in bathrooms,
9	and they measured within the required range of 105 – 120 degrees Fahrenheit.
10	
11	
12	Bedrooms: There are four (4) bedrooms for resident use. Two (2) bedrooms are
13	designated as double / shared occupancy, and two (2) bedrooms are designated as
14	private rooms. All resident rooms were observed to be furnished appropriately with
15	linens, appropriate furnishings, and sufficient lighting. Additional clean linens and
16	towels were observed in a closet by the main hallway.
17	
18	
19	Garage: The garage was inaccessible to residents in care at the time of the visit.
20	There is a second refrigerator with additional food for residents; adequately stored.
21	The LPA observed an adequate amount of emergency food and water. Washer and
22	dryer were observed inside the garage. Additional cleaning supplies are kept in the
23	garage locked and inaccessible to residents in care.
24	
25	
26	Outdoors: The outside perimeter of the house is fenced. The backyard has a
27	covered patio area with patio furniture for resident use. All passageways were
28	observed to be clear of any obstructions. There are two (2) side gates with latching
29	mechanisms. No bodies of water noted at the time of the visit.
30	
31	
32	Records: Record review began at approximately 09:30AM.
	Five (5) resident 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, and current needs and services plan.
	Continued on LIC 809C...

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera	
NAME OF LICENSING PROGRAM ANALYST: Martha Arroyo	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 11/14/2025

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

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FACILITY NAME: AMERICA'S CARE MANOR

FACILITY NUMBER: 565802468
VISIT DATE: 11/14/2025

NARRATIVE	
1	Continued from LIC 809C...
2	
3	
4	Record review revealed that one out of five residents has no capacity for self-care
5	and is no longer on hospice. The Administrator stated that resident was discharged
6	from hospice and placed on home health. The LPA informed the Administrator that
7	the facility needs to have an approved exception with the department for each
8	resident that requires full care and is not on hospice.
9	
10	Four (4) personnel files were reviewed for, but not limited to: personnel records,
11	health assessments, criminal record clearances, first aid/CPR training, and the
12	appropriate yearly training. All personnel files were complete.
13	
14	
15	The Administrator's Certificate is valid until 10/21/2026.
16	
17	Infection Control / Emergency Disaster Planning: During today's visit, the LPA
18	reviewed the facility's infection control plan. The facility's policies and procedures as
19	they pertain to infection control are adequate. The LPA also reviewed the facility's
20	emergency disaster plan, which was observed to be complete and recently
21	reviewed/updated. Emergency disaster drills conducted quarterly as per regulation;
22	the last one was conducted on 08/29/2025.
23	
24	
25	Medications: Medications review began at approximately 11:30AM. Medications are
26	centrally stored and kept in a locked file cabinet by the kitchen. All medications
27	including PRNs were labeled, stored, and locked inaccessible to residents in care.
28	Medications appear to be administered as prescribed at the time of the visit.
29	
30	
31	Pursuant to Title 22, California Code of Regulations (CCR), the following deficiencies
32	are cited (refer to LIC809-D). Failure to correct deficiencies may result in civil
	penalties.
	Exit interview conducted. A copy of report and appeal rights were provided.

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NAME OF LICENSING PROGRAM ANALYST: Martha Arroyo	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 11/14/2025

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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/14/2025
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Created By: Martha Arroyo On 11/14/2025 at 01:34 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION
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FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: AMERICA'S CARE MANOR
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 565802468
VISIT DATE: 11/14/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87615(a)(5)	
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Prohibited Health Conditions

(a) Persons who require health services for or have a health condition including, but not limited to, those specified below shall not be admitted or retained in a residential care facility for the elderly: (5) Residents who depend on others to perform all activities of daily living for them as set forth in Section 87459, Functional Capabilities.

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 1 out of 5 residents has no capacity for self-care and is not on hospice and the facility does not have an approved exception with the Department, which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 11/28/2025
	Plan of Correction
1	The Licensee stated that they will gather all documents together and submit exception request to CCL no later than 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
NAME OF LICENSING PROGRAM ANALYST:	Martha Arroyo
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 11/14/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 11/14/2025