

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565802472

Report Date: 12/23/2025

Date Signed: 12/24/2025 10:11:57 AM

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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:	VENTURA GRAND CHATEAU	FACILITY NUMBER:	565802472
ADMINISTRATOR/DIRECTOR:	SEAN BEHARRY	FACILITY TYPE:	740
ADDRESS:	5430 TELEGRAPH ROAD	TELEPHONE:	(805) 642-2567
CITY:	VENTURA	STATE:	CA
CAPACITY:	49	ZIP CODE:	93003
TYPE OF VISIT:	Required - 1 Year	DATE:	12/23/2025
MET WITH:	Sean Beharry and Michael Dimagulia	UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	01:15 PM
		TIME VISIT/INSPECTION COMPLETED:	05:30 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Zabel Chochian conduct a required annual evaluation visit. Upon
2 arrival LPA was greeted by MedTech staff and Administrator Sean Beharry. Introductions conducted and
3 reason for the visit was explained. The LPA and Administrator toured the physical plant areas inside and
4 outside to ensure there are no health and safety hazards and facility compliance with Title 22
5 Regulations. The facility consists of upstairs staffing area, first floor resident rooms, bathrooms, activity
6 room, common sitting area, dining room, kitchen. All indoor and outdoor passages were free of
7 obstruction. Facility had a comfortable temperature of 70 degrees. Water temperatures were taken in
8 eight randomly selected resident/common bathrooms which ranged from 105.8 degrees F to 124.5
9 degrees F. Administrator adjusted the water heater temperature during the visit. **COMMON AREAS:** LPA
10 observed required postings through-out the facility. Common areas observed, including furniture and
11 activity equipment, to be clean and in good condition. There were no obstructions and/or tripping
12 hazards throughout the facility. LPA toured the outside area of the facility. The LPA observed exit gates
13 to be locked, including the front gate, and both side gates around the side of the facility building at the
14 time of the inspection. LPA observed appropriate outdoor furniture, with a covered shaded area for
15 residents. No bodies of water noted. Area is maintained clean; with designated smoking areas.
16 **BEDROOMS:** Ten resident rooms were toured. Rooms observed furnished and maintained per
17 regulation. LPA tested resident pull cords. Staff responded within a reasonable amount of time. Smoke
18 detectors and carbon monoxide detectors were tested and were operational at the time of the visit. Fire
19 extinguishers observed throughout the facility, which were fully charged and last serviced on 2/18/2025.
20 **KITCHEN:** Sufficient supply of seven-day nonperishable, two-day perishable and emergency food
21 supply. Due to time constraints, the visit will be continued at a later date. The following deficiency
22 observed and cited from the California Code of Regulations - Title 22 Regulations. Exit interview
23 conducted, copy of report and appeal rights provided.
24
25

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera

NAME OF LICENSING PROGRAM ANALYST: Zabel Chochian

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/23/2025

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

DATE: 12/23/2025

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.

LIC809 (FAS) - (09/23)

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Created By: Zabel Chochian On 12/23/2025 at 05:13 PM
Link to Parent Document Below:

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
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FACILITY NAME: VENTURA GRAND CHATEAU
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 565802472
VISIT DATE: 12/23/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87705(I)	
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(I) The following initial and continuing requirements shall be met for the licensee to lock exterior doors or perimeter fence gates:

 This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on observation during facility tour, the licensee failed to comply with the above cited section, as
 2 outdoor perimeter fence gates were observed to be locked and the fire clearance does not state that
 3 facility has approval for locked perimeter gates, which poses an immediate safety risk to residents in
 4 care.

POC Due Date: 12/24/2025

Plan of Correction

1 Licensee agreed to provided a new LIC 200 and LIC 999 indicating locked perimeter gates and their
 2 specific location and provide to LPA by 12/24/2025. Licensee understands the facility must comply with
 3 CCR 87705(I)(1)(2)(3)(4) if the facility intends to maintain locked perimeter gates.
 4

		Section Cited			
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Deficient Practice Statement

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 4

POC Due Date:

Plan of Correction

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 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:



DATE: 12/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/23/2025