

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850072

Report Date: 03/25/2026

Date Signed: 03/25/2026 04:05:44 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: SILVERADO THOUSAND OAKS, LLC	FACILITY NUMBER: 565850072
ADMINISTRATOR/PATRICE O'GRADY DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 980 WARWICK AVE	TELEPHONE: (805) 307-7300
CITY: THOUSAND OAKS STATE: CA	ZIP CODE: 91360
CAPACITY: 82	CENSUS: 47 DATE: 03/25/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION 09:40 AM
MET WITH: Patrice O'Grady	BEGAN: TIME VISIT/INSPECTION 04:10 PM
	COMPLETED:

NARRATIVE

1 Licensing Program Analysts (LPAs) Quoc Huynh and Kelly Dulek arrived unannounced at 09:40AM for a
2 required one year visit. The LPAs initially met with Health Services Director Heather Hampel and
3 explained the reason for the visit. Administrator joined shortly thereafter. Entrance interview conducted.
4
5 Beginning at 11:09AM, the LPAs, along with Health Services Director toured the physical plant areas
6 inside and outside to ensure there are no health and safety hazards and facility is in compliance with
7 Title 22 Regulations. The following was observed:
8
9 **COMMON AREAS:** The facility is a two-story building. On the first floor, there are the kitchen facilities,
10 dining room, Bistro, laundry rooms, Wellness Center, fitness center, office spaces, and common
11 restrooms. On the second floor, there is a beauty salon, spa, Wellness Center, second floor dining, a
12 private dining room, several activity spaces, office spaces and common restrooms. The LPAs observed
13 common areas to be clean and in good condition. There were no obstructions and/or tripping hazards
14 throughout the facility. There were cameras in the common areas, outdoor courtyard, and exterior
15 perimeter. Required postings were found in the hallway on the first floor. There are fire extinguishers
16 throughout the facility, which were serviced 07/21/2025. Fire alarm system is tested annually with the
17 last inspection on 06/16/2025. 5-year inspection was conducted on 08/11/2025. Both inspections were
18 conducted by Nelson Fire Protection; all systems passed.
19
20 **RESIDENT ROOMS/RESTROOMS:** The LPAs observed ten (10) randomly selected rooms on the first
21 and second floor and no immediate health or safety hazards was observed. Restrooms were clean, with
22 properly installed grab-bars in resident bathrooms and slip-resistant surfaces. Appropriate furniture was
23 also observed **Report Continued on LIC 809-C**
24
25

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Kelly Dulek

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/25/2026

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: SILVERADO THOUSAND OAKS, LLC

FACILITY NUMBER: 565850072

VISIT DATE: 03/25/2026

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>in the units. Water temperature was tested throughout the units and measured between 113.9 degrees F and 118.4 degrees F, which is within the required range.</p> <p>OUTDOOR AREAS: There are three (3) outdoor gated courtyards; two (2) are on the first floor and one (1) is on the 2nd floor. The LPAs observed outdoor furniture, with a covered shaded area for residents. There were no bodies of water observed during today's visit.</p> <p>KITCHEN: The main kitchen is located on the 1st floor. Facility dining room and commercial kitchen were inspected and found to be in compliance with Title 22 regulations. Facility uses Sysco Foods for food deliveries, and food delivery takes place twice a week. There was a sufficient supply of perishable and non-perishable food, as well as emergency food and water. Food appeared to be of good quality.</p> <p>RECORDS: Record review began at 11:55AM. The LPAs reviewed five (5) resident files for, but not limited to: admissions agreements, medical assessment, updated appraisals. Resident records reviewed were in order at this time. The LPAs reviewed personnel records, including but not limited to: job application, health assessments, TB results, criminal record statements and clearances, first aid/CPR certification. Staff files reviewed were in compliance with regulation at this time.</p> <p>MEDICATION: Medications review began at 02:34PM. The LPAs reviewed medications for four (4) residents. Medications are maintained locked inaccessible to residents in the Wellness Centers located on the first and second floor. Four (4) out of four (4) resident medications reviewed were documented and stored in compliance with regulation at this time.</p> <p>INFECTION CONTROL/EMERGENCY DISASTER: LPAs reviewed the facility's infection control plan and Emergency Disaster plan. LPAs noted that the facility is in compliance with regulation. Facility conducts emergency disaster drills as required with the last documented drill on 02/19/2026.</p> <p>INTERVIEWS: Three (3) residents and three (3) staff were interviewed. No concerns were noted.</p> <p>DOCUMENTS OBTAINED: LPAs gathered a copy of the facility's liability insurance, register of facility residents, Silverado physician's report, and personnel report.</p> <p>No deficiencies cited. Exit interview conducted. A copy of the report was provided.</p>

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan	
NAME OF LICENSING PROGRAM ANALYST: Kelly Dulek	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 03/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/25/2026
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