

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850093

Report Date: 02/11/2026

Date Signed: 02/12/2026 08:55:13 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:	VENTURA VILLA ASSISTED LIVING	FACILITY NUMBER:	565850093
ADMINISTRATOR/DIRECTOR:	ANGELICA ARAMBULO	FACILITY TYPE:	740
ADDRESS:	3482 LOMA VISTA ROAD	TELEPHONE:	(805) 644-1292
CITY:	VENTURA	STATE:	CA
CAPACITY:	49	ZIP CODE:	93003
TYPE OF VISIT:	Case Management - Other	CENSUS:	9
		DATE:	02/11/2026
		UNANNOUNCED TIME VISIT/INSPECTION:	10:45 AM
MET WITH:	Dora Islas and Angelica Arambulo	BEGAN TIME VISIT/INSPECTION:	04:15 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Valeria Conway conducted an unannounced Case Management -
2 Other visit in conjunction with a complaint visit (Complaint control # 29-AS-20260203102145.) The LPA
3 was greeted by lead Med Tech Dora, Islas and informed them of the reason for the visit. At 2:45 PM,
4 Office Manager, Angelica Arambulo arrived at the facility, however they were unable to sign today's
5 report. Office manager authorized lead Med-Tech to sign today's report. Entrance interview conducted.
6
7 On 02/02/2026, LPA Conway received a telephone call from a Public Health official requesting
8 information regarding an influenza outbreak at the above facility. The Public Health official stated that
9 the Department of Emergency Services had notified them that four (4) residents from the facility were
10 transported to the hospital and diagnosed with Influenza. The Public health official further stated that
11 attempts to contact the facility's administrator to obtain additional information were unsuccessful. The
12 first incident report submitted to Community Care Licensing (CCL) was received on 02/03/2026, after
13 Public Health contacted the facility. The incident report submitted by the facility reported that four (4)
14 residents were sent to the hospital due to flu-like symptoms and that Resident #1 (R1) passes away on
15 02/02/2026. As of 02/11/2026, CCL had not received a death report for R1. On 02/06/2026, LPA Conway
16 contacted the facility office manager by telephone. The office manager confirmed that several residents
17 and staff members had been experiencing flu-like symptoms since 01/25/2026, and acknowledge that
18 by Saturday, 01/31/2026, the facility was experiencing an influenza outbreak. Despite this knowledge,
19 the office manager failed to notify CCL and local health officer within 24 hours of the outbreak by
20 telephone or facsimile. Additionally, they failed to report the death of R1 within seven (7) days from the
21 date of occurrence, as required.
22
23 Pursuant to Title 22, California Code of Regulations and/or CA Health and Safety Code, the following
24 deficiencies were cited (refer to LIC 809-D.) Administrator was informed that failure to correct the
25 deficiencies may result in civil penalties. Exit interview conducted, appeal rights discussed, and a copy
of this report and appeal rights were provided.

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature box]

DATE: 02/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature box]

DATE: 02/11/2026

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

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: Valeria Conway On 02/11/2026 at 01:58 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 VILLA ASSISTED LIVING

FACILITY NUMBER: 565850093

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/11/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/12/2026 Section Cited CCR 87211(a)	1 87211 Reporting Requirements (a) 2 Each licensee shall furnish to the 3 licensing agency such reports as the 4 Department may require, including, but 5 not limited to, the following: 6 This requirement is not met as 7 evidenced by:	1 Office Manager will write a statement of 2 understanding on regulation 87211 and 3 submit all pending incidents to LPA 4 before PCO due date, 5 6 7
	8 Based on interview conducted and 9 records reviewed, the licensee did not 10 comply with the section cited above as 11 they did not submit an outbreak incident 12 report within 24 hours and a death 13 report within seven (7) days which 14 poses an immediate health and safety risk to resident(s) in care.	
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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: 02/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/11/2026