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**Department of**

# SOCIAL SERVICES

***Community Care Licensing***

# *FACILITY EVALUATION REPORT*

**Facility Number:** 565850093
**Report Date:** 09/02/2026
**Date Signed:** 09/02/2026 05:31:22 PM

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br>**FACILITY EVALUATION REPORT** | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250<br>WOODLAND HILLS, CA 91364 |
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|---|---|---|---|---|
| FACILITY NAME: | VENTURA VILLA ASSISTED LIVING | | FACILITY NUMBER: | 565850093 |
| ADMINISTRATOR/ DIRECTOR: | JOY MICHAYLUK | | FACILITY TYPE: | 740 |
| ADDRESS: | 3482 LOMA VISTA ROAD | | TELEPHONE: | (805) 644-1292 |
| CITY: | VENTURA | STATE: CA | ZIP CODE: | 93003 |
| CAPACITY: 49 | | CENSUS: 12 | DATE: | 09/02/2026 |
| TYPE OF VISIT: | Case Management - Deficiencies | UNANNOUNCED | TIME VISIT/ INSPECTION BEGAN: | 09:30 AM |
| MET WITH: | Joy Michayluk | | TIME VISIT/ INSPECTION COMPLETED: | 04:15 PM |

## NARRATIVE

Licensing Program Analyst (LPA) Valeria Conway conducted an unannounced CASE MANAGEMENT-DEFICIENCIES visit to this facility and met with, Joy Michayluk. The case management visit is being conducted due to deficiencies observed during the investigation of complaint control # 29-AS-20260203102145. During the complaint investigation, the following deficiencies were identified:

During an interview, Staff #1 (S1) stated that, during a recent Influenza outbreak, Resident 1's (R1's) family member requested that facility staff administer oxygen to R1 rather than have R1 transported to the emergency room. S1 stated that, based on the family member's request, S1 contacted Staff #2 (S2) via telephone and directed S2 to administer oxygen to R1. S2 followed S1's direction and administered supplemental oxygen to R1. S1 and S2 were identified as non-skilled professionals. Records reviewed indicated that R1 was non-verbal, diagnosed with dementia, and fully dependent on facility staff for assistance with activities of daily living (ADLs). At the time of the incident, R1 was not receiving hospice services. Further review of R1's records revealed no physician's order for supplemental oxygen or an oxygen treatment plan at the time of the incident. When questioned regarding the oxygen equipment used during the incident, S1 stated that the oxygen equipment had been left at the facility by a former resident, adding that the equipment had not been removed by the agency after the resident's services had concluded.

Pursuant to Title 22, California Code of Regulations and/or CA Health and Safety Code, the following deficiencies were cited (refer to LIC 809-D.) Administrator was informed that failure to correct the deficiencies may result in civil penalties.

Exit interview conducted, appeal rights discussed, and a copy of this report and appeal rights were provided.

Desaree Perera
Valeria Conway

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|---|---|
|  | **DATE:** 09/02/2026 |

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

**FACILITY REPRESENTATIVE SIGNATURE:**

| | |
|---|---|
|  | **DATE:** 09/02/2026 |

**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.



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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br>**FACILITY EVALUATION REPORT (Cont)** | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>, 21731 VENTURA BLVD. #250<br>WOODLAND HILLS, CA 91364 |
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**FACILITY NAME:** VENTURA VILLA ASSISTED LIVING **FACILITY NUMBER:** 565850093

**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 09/02/2026

| Deficiency Type<br>POC Due Date /<br>Section Number | DEFICIENCIES | PLAN OF CORRECTIONS(POCs) |
|---|---|---|
| Type A<br>09/03/2026<br>**Section Cited**<br>CCR<br>87611(b)(2) | 87611(b), the licensee shall be responsible for the following: (2) Ensuring that oxygen administration is provided by an appropriately skilled professional should the resident require assistance. This requirement was not met as evidenced by: | The licensee write a statement of understanding on this regulation and submit to LPA prior to POC due date. Also they agree to contact an approved third party agency to conduct an in-service training with all staff regarding this regulation... |
| | Based on interviews and records review, the licensee/administrator did not comply with the regulation above as facility staff who were not skilled professionals administered supplemental oxygen to R1 per R1's family member request. | and each staff member will write a statement of understanding including they are not permitted to independently initiate oxygen tratment in the absence of an authorized skilled professional. Documentation will be submitted to LPA by 9/15/2026. |
| Type A<br>09/03/2026<br>**Section Cited**<br>CCR87611(e) | 87611(e) In addition to Sections 87465(a) and 87464(d) the licensee shall ensure that the resident is cared for in accordance with the physician's orders and that the resident's medical needs are met. This requirement was not met as evidenced by: | The licensee write a statement of understanding on this regulation and submit to LPA prior to POC due date. |
| | Based on interviews and records review, the licensee/administrator did not comply with the regulation above as R1 was administered oxygen without an order from their physician. | Also they agree to contact an approved third party agency to conduct an in-service training with all staff regarding this regulation. In-service will be submitted to LPA before POC by 9/15/2026. |

**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:** Valeria Conway

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/02/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/02/2026



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**FACILITY NAME:** VENTURA VILLA ASSISTED LIVING **FACILITY NUMBER:** 565850093

**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 09/02/2026

| Deficiency Type<br>POC Due Date /<br>Section Number | DEFICIENCIES | PLAN OF CORRECTIONS(POCs) |
|---|---|---|
| Type B<br>09/15/2026<br>**Section Cited**<br>CCR<br>87611(b)(3) | In addition to Section 87611(b), the licensee shall be responsible for the following: (3) Ensuring that the use of oxygen equipment meets the following requirements: (I) Equipment shall be removed from the facility when no longer in use by the resident. | The Licensee/Administrator will submit a statement of understanding regarding regulation cited. Licensee acknowledged information received and stated that oxygen tanks will be removed from the facility immediately once services concludes. |
| | Based on interviews and records review, the licensee/administrator did not comply with the regulation above as former resident's oxygen equipment was left at the facility after their services concluded and were used to administer oxygen to R1. | Licensee will submitted to LPA prior to POC due date. |
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**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:** Valeria Conway

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 09/02/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/02/2026