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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850141
Report Date: 07/02/2026
Date Signed: 07/02/2026 06:43:54 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364

FACILITY NAME:	AEGIS LIVING VENTURA		FACILITY NUMBER:	565850141
ADMINISTRATOR/ DIRECTOR:	LANCE SHENK		FACILITY TYPE:	740
ADDRESS:	4964 TELEGRAPH ROAD		TELEPHONE:	(805) 650-1114
CITY:	VENTURA	STATE: CA	ZIP CODE:	93003
CAPACITY: 100		CENSUS: 70	DATE:	07/02/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	11:00 AM
MET WITH:	John Washko General Manager		TIME VISIT/ INSPECTION COMPLETED:	07:00 PM

NARRATIVE

Licensing Program Analyst (LPA) Esther Cortez arrived at the facility unannounced to conduct a required annual visit at 11:00AM. Upon arrival, LPA was greeted by front desk staff. LPA met with General Manager (GM) John Washko at 11:20AM. Entrance interview conducted.

Beginning at 11:30AM, the LPA along with GM toured the facility inside and outside to ensure there are no health and safety hazards and facility is in compliance with Title 22 Regulations. The following was observed: The facility is a two-story building that consists of 2 (two) memory care units named Creekside and Oceanside respectively, and an assisted living (AL) unit. The LPA observed fire extinguishers throughout the facility, which were fully charged and last serviced 06/02/2026. The LPA tested 1 (one) delayed egress door in the Creekside Unit and was observed to be functional. The LPA observed all required postings in the hallway near the entrance area.

BEDROOMS: During today's visit, the LPA observed 10 (ten) resident rooms of which 3 (three) were in the Creekside unit, 2 (two) were in the Oceanside unit, and 5 (five) were in the AL unit. The resident bedrooms were properly furnished with at least one chair, nightstand and sufficient lighting for each resident. The bedrooms had appropriate and adequate bedding and linens. The LPA observed a bottle of Tussin in room 211, and a bottle of S.T. 37 a topical first-aid antiseptic and oral pain reliever liquid in room 204.

INTERVIEWS: During today's visit, the LPA conducted 4 (four) resident interviews No concerns voiced during the interviews.

Report Continued on LIC 809-C

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST: Esther Cortez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/02/2026

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364

FACILITY NAME: AEGIS LIVING VENTURA **FACILITY NUMBER:** 565850141
VISIT DATE: 07/02/2026

NARRATIVE

BATHROOMS: The LPA observed 10 (ten) resident bathrooms which were properly supplied and had functional fixtures. The LPA observed grab bars by the toilet/shower and slip-resistant surfaces in all bathrooms. Hot water was measured in all 10 bathrooms and within the required temperature.

COMMON AREAS/GROUNDS/OUTDOORS: These included the beauty salon, library, bistro and dining areas in assisted living and memory care units. The common areas were checked for cleanliness and furniture was checked for functionality. The facility maintained a comfortable temperature. There are multiple fireplaces throughout the community, all of which were observed to be adequately screened. There were no obstructions and/or tripping hazards throughout the facility. The LPA observed appropriate outdoor furniture, with covered shaded areas for residents in both memory care units' courtyards and the assisted living courtyard. Parking is available for residents and visitors. The LPA observed a water fountain with an appropriate amount of water that does not pose a risk for residents.

KITCHEN: The LPA, GM and chef toured the kitchen. Kitchen was observed to be clean. Kitchen appliances appeared to be in operable condition. The facility has a sufficient supply of 7 (seven) days non-perishable and 2 (two) days perishable food. LPA observed dietary restrictions and accommodations for residents posted throughout the kitchen. Food is prepared based on the menu. Snacks and beverages are available for residents at the bistro. Emergency food and water supply was observed and was adequate.

RECORD REVIEW: LPA began record review at 2:00PM. Staff and resident records were reviewed for documents including, but not limited to: health screening, TB test, staff training records, fingerprint clearance, resident physician's report, needs and service appraisal, and personal rights. The LPA reviewed 5 (five) resident files and the following was observed, three out of five residents did not have documentation of an annual routine visit within the last year or documentation of refusal, and residents in rooms 204 and 211 cannot administer or store medications per their Physicians reports, otherwise all required documents were complete and current. The LPA reviewed 5 (five) staff files. All files reviewed were observed to contain all required documents.

Due to time constraint the LPA will return at a later time to complete the annual.

Pursuant to Title 22 of the CA Code of Regulations, the following deficiencies were cited (refer to LIC 809-D): General Manager was informed that failure to correct deficiencies may result in civil penalties. Exit interview conducted and copy of the report and appeal rights provided.

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST: Esther Cortez
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 07/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/02/2026

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Created By: Esther Cortez On 07/02/2026 at 06:14 PM
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DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/02/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87465(h)(1)(C)	

Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (1) Medications shall be centrally stored under the following circumstances: (C) Because of potential dangers related to the medication itself, or due to physical arrangements in the facility and the condition or the habits of other persons in the facility, the medications are determined by either a physician, the administrator, or Department to be a safety hazard to others.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation and record review, the licensee did not comply with the section cited above in two medications that were observed in resident rooms where the resident could not adminiter or stored their own preescribed or PRN medications based on their Physicians report which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 07/03/2026
	Plan of Correction
1 2 3 4	General Manager removed medication from room 211, and will submit a plan on how they will comply with regulation 87465 with resident in room 204.

		Section Cited			

	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.

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LICENSING PROGRAM ANALYST SIGNATURE:

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87463(h)	

Reappraisals

(h) The licensee shall request that all residents receive an annual routine visit with a licensed medical professional once every twelve months, either in person or by video appointment.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in three resident files that did not have documentation of an annual routine visit within the last year or documentation of refusal, which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 07/16/2026
	Plan of Correction
1 2 3 4	General Manager agreed they will review all residents files and request all residents to receive an annula routine visit and if decline will ensure refusal is filed accordingly. Will submit proof of routine visit or refusal for the three residents and a plan on how they will ensure they will comply with regulation for all residents by 7/16/26.

		Section Cited			

	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: Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST: Esther Cortez
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/02/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/02/2026