

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850187
Report Date: 08/26/2026
Date Signed: 08/26/2026 01:01:17 PM

Document Has Been Signed on 08/26/2026 01:01 PM - It Cannot Be Edited

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: 451 COLUMBIA LLC		FACILITY NUMBER: 565850187	
ADMINISTRATOR/SHERMAN, GILLIANA		FACILITY TYPE: 740	
DIRECTOR:			
ADDRESS: 451 COLUMBIA ROAD		TELEPHONE: (805) 807-0663	
CITY: THOUSAND OAKS		STATE: CA ZIP CODE: 91360	
CAPACITY: 6		CENSUS: 6 DATE: 08/26/2026	
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME VISIT/ INSPECTION 09:35 AM	
MET WITH: Jovy Sarreal - Designee / Co-Administrator		BEGAN: TIME VISIT/ INSPECTION 01:10 PM	
Gilliana Sherman - Licensee Representative		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Erica Mosley arrived at the facility unannounced to conduct a required		
2	annual visit and entered the facility at 9:35 a.m. Upon arrival, LPA Mosley was greeted by staff who		
3	called the Administrator to inform them of the visit. The Administrator, Jovy Sarreal and Licensee		
4	Representative, Gilliana Sherman arrived shortly after and the reason for the visit was explained.		
5	Entrance interview.		
6			
7	The LPA and Administrator toured the physical plant areas inside and outside to ensure there are no		
8	health and safety hazards and facility is in compliance with Title 22 Regulations.		
9			
10	COMMON AREAS: This includes the living room, open office area and dining room. At the time of the		
11	visit, furniture in the common areas was observed to be in good condition. The facility maintained a		
12	comfortable temperature. At 11:56 a.m., hardwire combination of smoke / carbon monoxide detectors		
13	were tested and operational at the time of the visit. The fire extinguisher was observed and fully charged		
14	on 06/24/2026. The emergency exiting plans/sketch are posted. The emergency telephone numbers are		
15	posted in the common hallway. The LPA observed required postings throughout the common space.		
16	Activities were observed in the common areas. The fireplace in the living room was adequately		
17	screened. There is a functioning telephone on the premises. LPA observed surveillance cameras		
18	installed in the common areas of the facility. The Administrator / Licensee representative presented the		
19	live monitoring screen to the LPA, confirming that all cameras were functioning properly and that none of		
20	them were equipped with audio capability.		
21			
22	INTERVIEWS: Starting at 9:40 a.m. and throughout the visit one (1) staff and two (2) resident, and one		
23	(1) family visitor interviews were conducted. Staff interview revealed that staff is knowledgeable in		
24	Resident rights, different forms of abuse, and reporting procedures. Report Continued on LIC 809-C		
25	PAGE 2...		

Kasandra Lopez
Erica Mosley

DATE: 08/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/26/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)
California Health & Human Services Agency

Page: 1 of 4
California Department of Social Services

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

FACILITY NAME: 451 COLUMBIA LLC **FACILITY NUMBER:** 565850187
VISIT DATE: 08/26/2026

NARRATIVE	
1	(PAGE 2) Report Continued from LIC 809-C...
2	
3	Resident interviews revealed that no concerns were noted or voiced at the time of the visit. Family visitor
4	interview revealed that "They are pleased with the quality of care that is provided by the staff".
5	
6	BEDROOMS: There are seven (7) total bedrooms in the facility; Six (6) bedrooms are designated as
7	private, single occupancy, resident rooms and one (1) staff room. The staff room is kept locked at all
8	times and observed to be occupied by staff. Six (6) of six (6) resident rooms have exits to the exterior.
9	All passageways were observed to be clear of obstructions. All resident rooms were observed to be
10	furnished appropriately with clean linens, appropriate furnishings, and sufficient lighting.
11	
12	RESTROOMS: There are four (4) total restrooms. Two (2) are designated as a shared / common
13	resident restrooms, One (1) is designated as a private resident restroom, One (1) is designated as a
14	staff restroom. Resident restrooms were observed to be equipped with a slip resistant surface / mat.
15	Grab bars were observed in the restrooms. The restrooms were sufficiently stocked with supplies and
16	paper towels. The hot water temperature was measured in all resident restrooms and ranged between
17	116.8-120 degrees Fahrenheit, all within the required range. LPA advised the Administrator to monitor
18	the water temperature since the water was at the maximum and reviewed the regulatory standard of
19	105-120. LPA observed storage space closets in hallway containing extra clean linens and towels for
20	resident use.
21	
22	GARAGE: LPA observed the facility garage, which was locked and contained emergency food and
23	water, a storage room containing emergency supplies, an extra refrigerator/freezer that were checked
24	for proper labels and expiration dates.
25	
26	KITCHEN: The LPA inspected the kitchen/food service area Knives and sharps were observed in a
27	locked drawer. Kitchen appliances were in operable condition. The facility has a sufficient supply of two
28	(2) day perishable and seven (7) day non-perishable food. Refrigerator and food pantry were checked
29	for proper labels and expiration dates. The kitchen faucet was measured for hot water temperature, and
30	it measured 118.6 degrees Fahrenheit. Cleaning supplies and other chemicals are kept in the locked
31	supply closet adjacent to the kitchen and garage entrance.
32	
	LAUNDRY AREA: LPA observed an open laundry area adjacent to the kitchen, and locked supply
	closet. Laundry area has a washer and dryer. Laundry supplies are kept locked in the supply closet
	adjacent to the washer and dryer. Report Continued on LIC 809-C PAGE 3...

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez	
NAME OF LICENSING PROGRAM ANALYST: Erica Mosley	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/26/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/26/2026

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

FACILITY NAME: 451 COLUMBIA LLC

FACILITY NUMBER: 565850187

VISIT DATE: 08/26/2026

NARRATIVE

(PAGE 3) Report Continued from LIC 809-C PAGE 2...BACKYARD: The entire property is fenced. The backyard and front yard have a covered patio area with shade, patio furniture including a table and chairs for resident use. All passageways were observed to be clear. LPA observed two (2) self-latching gates. There were no bodies of water noted at the time of the visit. Only one (1) pathway is used as an emergency exit which was free of obstructions at the time of the visit.

RECORDS: Resident Records were reviewed beginning at 10:54 a.m. Six (6) Resident files were reviewed for, but not limited to, the following: signed admission agreements, current medical assessments with TB results, LIC627(c) Consent for Treatment form, Hospice records, Home Health records, PRN authorization letters and current needs and services plan. All records were in order.

Personnel Records : Four (4) Personnel files including the Administrator's file were reviewed for, but not limited to: personnel records, health assessments, criminal record clearances, first aid/CPR training, and the appropriate training. All records were in order.

INFECTION CONTROL/ EMERGENCY DISASTER PLANNING: During today's visit the LPA reviewed the facility's infection control practices and the facilities emergency disaster plan. Both documents were observed to be complete and updated annually as required. Both documents were reviewed on 01/28/2026. The facilities policies and procedures, as they pertain to infection control and emergency planning meet the regulatory standard. The last emergency disaster drill took place on 06/24/26 and are conducted quarterly. Administrator stated they have a drill scheduled for the end of the month.

MEDICATIONS: Medication review began at approximately 12:30 p.m. Medications are centrally stored and locked in cabinets in the kitchen adjacent to the dining room. Medications for three (3) residents were reviewed. Medications are labeled and checked for expiration dates. All medications including PRNs were labeled, stored, and locked inaccessible to residents in care. Medications reviewed were found to be self-administered as prescribed and documented on the centrally stored medication and destruction records. No errors observed during review. LPA observed the first aid supplies to be complete, including sterile first aid dressings, bandages, tweezers, a thermometer and a current version of a first aid manual.

DOCUMENTS: Documents obtained during the visit include: LIC 500 facility roster and LIC 9020A Resident roster, copy of the Limited Liability insurance, LIC 610E. At the time of the visit the LPA reviewed the facilities contact information on file including phone numbers, email and annual fees. Administrator confirmed that all information is accurate. No citations issued. Exit interview conducted. Copy of report reviewed and provided.

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez

NAME OF LICENSING PROGRAM ANALYST: Erica Mosley

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/26/2026