

Department of  
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850188  
Report Date: 10/30/2025  
Date Signed: 10/30/2025 05:01:34 PM

Document Has Been Signed on 10/30/2025 05:01 PM - It Cannot Be Edited

|                                                        |                                                                                                             |                                                                                                                                                             |  |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY |                                                                                                             | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250<br>WOODLAND HILLS, CA 91364 |  |
| FACILITY EVALUATION REPORT                             |                                                                                                             |                                                                                                                                                             |  |
| FACILITY NAME: 2592 CIRO LLC                           |                                                                                                             | FACILITY NUMBER: 565850188                                                                                                                                  |  |
| ADMINISTRATOR/SARREAL, JOVY                            |                                                                                                             | FACILITY TYPE: 740                                                                                                                                          |  |
| DIRECTOR:                                              |                                                                                                             |                                                                                                                                                             |  |
| ADDRESS: 2592 CIRO AVE                                 |                                                                                                             | TELEPHONE: (805) 493-1968                                                                                                                                   |  |
| CITY: THOUSAND OAKS                                    |                                                                                                             | ZIP CODE: 91360                                                                                                                                             |  |
| CAPACITY: 6                                            |                                                                                                             | DATE: 10/30/2025                                                                                                                                            |  |
| TYPE OF VISIT: Required - 1 Year                       |                                                                                                             | UNANNOUNCED TIME VISIT/INSPECTION 02:53 PM                                                                                                                  |  |
| MET WITH: Jovvy Sarreal - Administrator                |                                                                                                             | BEGAN: TIME VISIT/INSPECTION 05:10 PM                                                                                                                       |  |
|                                                        |                                                                                                             | COMPLETED:                                                                                                                                                  |  |
| NARRATIVE                                              |                                                                                                             |                                                                                                                                                             |  |
| 1                                                      | Licensing Program Analyst (LPA) Quoc Huynh arrived at the facility unannounced to conduct a required        |                                                                                                                                                             |  |
| 2                                                      | annual visit at 2:53PM. The LPA met with the Administrator Jovy Sarreal who arrived shortly thereafter.     |                                                                                                                                                             |  |
| 3                                                      | Entrance interview conducted.                                                                               |                                                                                                                                                             |  |
| 4                                                      |                                                                                                             |                                                                                                                                                             |  |
| 5                                                      | Beginning at 3:07PM, the LPA, Administrator, and Staff toured the physical plant areas inside and           |                                                                                                                                                             |  |
| 6                                                      | outside to ensure there are no health and safety hazards and facility is in compliance with Title 22        |                                                                                                                                                             |  |
| 7                                                      | Regulations. The following was observed:                                                                    |                                                                                                                                                             |  |
| 8                                                      |                                                                                                             |                                                                                                                                                             |  |
| 9                                                      | COMMON AREAS: At the time of the visit, living room and dining room furniture was observed to be in         |                                                                                                                                                             |  |
| 10                                                     | good condition. There was a fireplace in the living room, which was observed to be screened and             |                                                                                                                                                             |  |
| 11                                                     | inaccessible. Attached to the living room was a sun room with an office area in the corner. Also attached   |                                                                                                                                                             |  |
| 12                                                     | to the living room was the garage entrance which was secured and contained emergency food and               |                                                                                                                                                             |  |
| 13                                                     | water, extra facility food, general storage, and laundry machines that were in good condition. The facility |                                                                                                                                                             |  |
| 14                                                     | maintained a comfortable temperature throughout the visit. The LPA observed required postings on            |                                                                                                                                                             |  |
| 15                                                     | entryway walls.                                                                                             |                                                                                                                                                             |  |
| 16                                                     |                                                                                                             |                                                                                                                                                             |  |
| 17                                                     | KITCHEN: Knives were stored inaccessible in a drawer in addition to secured cleaning supplies under         |                                                                                                                                                             |  |
| 18                                                     | the kitchen sink. Kitchen appliances were in good and operable condition. The facility had a sufficient     |                                                                                                                                                             |  |
| 19                                                     | supply of perishable and non-perishable food. Resident medications were locked in a cabinet with files.     |                                                                                                                                                             |  |
| 20                                                     |                                                                                                             |                                                                                                                                                             |  |
| 21                                                     | Report Continued on LIC 809-C                                                                               |                                                                                                                                                             |  |
| 22                                                     |                                                                                                             |                                                                                                                                                             |  |
| 23                                                     |                                                                                                             |                                                                                                                                                             |  |
| 24                                                     |                                                                                                             |                                                                                                                                                             |  |
| 25                                                     |                                                                                                             |                                                                                                                                                             |  |

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan  
NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/30/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/30/2025

**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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| FACILITY EVALUATION REPORT (Cont)                      |                                                                                                                                                             |

FACILITY NAME: 2592 CIRO LLC FACILITY NUMBER: 565850188  
VISIT DATE: 10/30/2025

| NARRATIVE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1         | <b>BEDROOMS/RESTROOMS:</b> There were five (5) total bedrooms: four (4) resident bedrooms and one (1) secured staff room. All resident bedrooms had a direct exit to the outside and was cleared for a total of six (6) Bedridden residents. Bedrooms were furnished appropriately with clean linens, appropriate furnishings and sufficient lighting. Extra linens were observed in the hallway. The LPA observed Bedroom #2 did not have a bed and the Administrator ordered a hospital bed to be delivered the next day. There were two (2) total restrooms: one (1) private resident restroom and one (1) shared restroom located in the hallway. Restrooms were clean and sanitary and in operating condition with grab bars and non-slip surfaces. All restrooms were sufficiently stocked with soap and paper towels. The shared restroom contained locked cabinets that had extra hygiene supplies and cleaning supplies. Hot water was tested and measured between 103.8 degrees F and 109.4 degrees F, which was in the required range. |
| 2         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|---------------------------------------------------------------------------------------------------------|------------------|
| NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan                                                    |                  |
| NAME OF LICENSING PROGRAM ANALYST: Quoc Huynh                                                           |                  |
| LICENSING PROGRAM ANALYST SIGNATURE:                                                                    | DATE: 10/30/2025 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                  |
| FACILITY REPRESENTATIVE SIGNATURE:                                                                      | DATE: 10/30/2025 |

|                                                        |                                                                                                                                                             |
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| FACILITY EVALUATION REPORT (Cont)                      |                                                                                                                                                             |

FACILITY NAME: 2592 CIRO LLC FACILITY NUMBER: 565850188

## NARRATIVE

**MEDICATIONS:** Medication review began at 4:17PM. Medications were centrally stored and kept inaccessible. Medications were observed for two (2) residents. Medications were labeled and checked for expiration dates. Medications were properly documented on the centrally stored medications and destruction record. No errors observed during the medication review.

No deficiency cited. Exit interview conducted. A copy of today's report was reviewed and provided.

**NAME OF LICENSING PROGRAM MANAGER:** Kristin Heffernan

**NAME OF LICENSING PROGRAM ANALYST:** Quoc Huynh

**LICENSING PROGRAM ANALYST SIGNATURE:**

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