

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850203

Report Date: 09/12/2025

Date Signed: 09/12/2025 01:55:08 PM

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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: GEM OAKS	FACILITY NUMBER: 565850203
ADMINISTRATOR/SABYROVA, ELMIRA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 1060 CALLE LAS TRANCAS	TELEPHONE: (805) 454-9139
CITY: THOUSAND OAKS	STATE: CA
CAPACITY: 6	ZIP CODE: 91360
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
	DATE: 09/12/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 09:55 AM
MET WITH: Elmira (Emma) Sabyrova - Administrator	TIME VISIT/INSPECTION
	COMPLETED: 02:03 PM

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 9:55 a.m. Upon arrival, LPA Mosley was greeted by staff and
3	Facility Designee Erniss Sabyrov who called the Administrator to inform them of the visit and the reason
4	for the visit was explained. The Administrator / Licensee Representative, Elmira (Emma) Sabyrova
5	arrived during the visit. Entrance interview.
6	
7	The LPA and Facility Designee Erniss Sabyrov toured the physical plant areas inside and outside to
8	ensure there are no health and safety hazards and facility is in compliance with Title 22 Regulations.
9	
10	COMMON AREAS: This includes the living room, and dining room. At the time of the visit, furniture in
11	the common areas was observed to be in good condition. The facility maintained a comfortable
12	temperature. At 10:10 a.m., hardwire combination of smoke / carbon monoxide detectors and fire doors
13	were tested and operational at the time of the visit. The fire extinguisher was observed and fully charged
14	on 07/14/2025. The emergency exiting plans/sketch are posted in every room. The emergency
15	telephone numbers are posted in the common hallway. The LPA observed required postings throughout
16	the common space. The last emergency disaster drill took place on 07/11/2025 and are conducted
17	quarterly. Activities were observed in the common areas. The fireplace in the living room was adequately
18	screened. There is a functioning telephone on the premises. LPA observed surveillance cameras
19	installed in the common areas of the facility. The Administrator presented the live monitoring screen to
20	the LPA, confirming that all cameras were functioning properly and that none of them were equipped
21	with audio capability.
22	
23	Report Continued on LIC 809-C PAGE 2...
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez

NAME OF LICENSING PROGRAM ANALYST: Erica Mosley

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/12/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/12/2025

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.

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: GEM OAKS

FACILITY NUMBER: 565850203

VISIT DATE: 09/12/2025

NARRATIVE	
1	(PAGE 2) Report Continued from LIC 809-C...
2	
3	GARAGE: LPA observed the locked garage adjacent to the entrance. Garage contains a washer and
4	dryer and locked cleaning supplies. LPA observed emergency food and water. LPA observed two (2)
5	refrigerators that were checked for proper labels and expiration dates.
6	
7	BEDROOMS: There are seven (7) total bedrooms in the facility; Six (6) bedrooms are designated as
8	private, single occupancy, resident rooms and one (1) staff room. The staff room is kept locked at all
9	times and observed to be occupied by staff. Two (2) out of six (6) resident rooms have exits to the
10	exterior. All passageways were observed to be clear of obstructions. All resident rooms were observed
11	to be furnished appropriately with clean linens, appropriate furnishings, and sufficient lighting.
12	
13	RESTROOMS: There are four (4) total restrooms. One (1) is designated as a shared / common resident
14	restroom, Two (2) are designated as private resident restrooms, One (1) is designated as guest / staff
15	restroom. Resident restrooms were observed to be equipped with a slip resistant surface / mat. Grab
16	bars were observed in the restrooms. The restrooms were sufficiently stocked with supplies and paper
17	towels. The hot water temperature was measured in all resident restrooms and ranged between 105.6-
18	116.1 degrees Fahrenheit, all within the required range. LPA observed storage space closets in hallway
19	containing extra clean linens and towels for resident use.
20	
21	KITCHEN: The LPA inspected the kitchen/food service area at 10:22 a.m. Knives and sharps were
22	observed in a locked drawer. Kitchen appliances were in operable condition. The facility has a sufficient
23	supply of two (2) day perishable and seven (7) day non-perishable food. Refrigerator and food pantry
24	were checked for proper labels and expiration dates. The kitchen faucet was measured for hot water
25	temperature, and it measured 118.6 degrees Fahrenheit at 10:25 a.m. Cleaning supplies and other
26	chemicals are kept locked under the sink and inaccessible to residents in care.
27	
28	BACKYARD: The entire property is fenced. The backyard has a covered patio area with shade, patio
29	furniture including a table and chairs for resident use. All passageways were observed to be clear. LPA
30	observed two (2) self-latching gates. There were no bodies of water noted at the time of the visit. There
31	are two (2) locked storage sheds in the back yard inaccessible to residents. Only 1 (one) pathway is
32	used as an emergency exit which was free of obstructions at the time of the visit.
	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: 09/12/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/12/2025
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FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: GEM OAKS

FACILITY NUMBER: 565850203

VISIT DATE: 09/12/2025

NARRATIVE

1 (PAGE 3) Report Continued from LIC 809-C PAGE 2...

2

3 **RECORDS: Resident Records** were reviewed beginning at 10:26 a.m. Six (6) Resident files were
4 reviewed for, but not limited to, the following: signed admission agreements, current medical
5 assessments with TB results, LIC627(c) Consent for Treatment form, Home health records, PRN
6 authorization letters, and current needs and services plan. All records were in order. **Personnel**
7 **Records** were reviewed beginning at 11:09 a.m. Five (5) Personnel files including the Administrator's
8 file were reviewed for, but not limited to: personnel records, health assessments, criminal record
9 clearances, first aid/CPR training, and the appropriate training. All records were in order.

10

11 **INFECTION CONTROL/ EMERGENCY DISASTER PLANNING:** During today's visit the LPA reviewed
12 the facility's infection control practices and the facilities emergency disaster plan. Both documents were
13 observed to be complete and updated annually as required. The facilities policies and procedures, as
14 they pertain to infection control and emergency planning, are satisfactory.

15

16 **INTERVIEWS:** Starting at 12:00 p.m. Three (3) staff and two (2) resident interviews were conducted.
17 Staff interview revealed that staff are knowledgeable in Resident rights, different forms of abuse, and
18 reporting procedures. Resident interview revealed that no concerns were noted or voiced at the time of
19 the visit.

20

21 **MEDICATIONS:** Medication review began at approximately 12:30 p.m. Medications are centrally stored
22 and locked in two (2) cabinets above the desk in kitchen adjacent to the entrance. Medications for three
23 (3) residents were reviewed. Medications are labeled and checked for expiration dates. All medications
24 including PRNs were labeled, stored, and locked inaccessible to residents in care. Medications reviewed
25 were found to be self-administered as prescribed and documented on the centrally stored medication
26 and destruction records. No errors observed during review.

27

28 **DOCUMENTS:** Documents obtained during the visit include: LIC 500 facility roster and LIC 9020A
29 Resident roster and copy of the Limited Liability insurance.

30

31 During today's inspection, the facility is in compliance with Title 22 regulations. No citations issued. Exit
32 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:

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