

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 565850243

Report Date: 02/20/2026

Date Signed: 02/20/2026 05:29:08 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	LAUREL HEIGHTS	FACILITY NUMBER:	565850243
ADMINISTRATOR/DIRECTOR:	JOEY ALVARADO	FACILITY TYPE:	740
ADDRESS:	13960 PEACH HILL DRIVE	TELEPHONE:	(805) 292-0700
CITY:	MOORPARK	STATE:	CA
CAPACITY:	112	ZIP CODE:	93021
TYPE OF VISIT:	Case Management - Incident	CENSUS:	71
		DATE:	02/20/2026
		UNANNOUNCED TIME VISIT/INSPECTION:	12:00 PM
MET WITH:	Joey Alvarado, Executive Director	BEGAN TIME VISIT/INSPECTION:	05:15 PM
		COMPLETED:	

### NARRATIVE

1 Licensing Program Analyst (LPA) Zabel Chochian conducted an unannounced Case Management -  
2 Incident visit at the facility today. Upon arrival LPA met with the Business Office Manager, Adriana  
3 Castor and reason for the visit was stated. LPA later met with Joey Alvarado, Executive Director (ED).  
4  
5 The purpose of today's visit was to conduct interview with staff and resident #1 (R1), review records and  
6 obtain pertinent copies of facility records pertaining to a self reported incident involving R1. Facility  
7 reported that on 02/16/2026, they were notified by R1's family that a theft incident happened on  
8 2/11/2026. Family stated that they were notified of the incident by R1 on 02/15/2026. R1 did not report  
9 the incident to the facility and first contacted law enforcement on 2/13/2026 and later reported to their  
10 family on 2/15/2026.  
11 ED also contacted law enforcement after being informed of the incident and was told that a case is  
12 already open and under investigation with the Ventura County Sheriff's Office.  
13  
14 During today's visit LPA reviewed R1's records from approximately 12:30pm-1:15pm; conducted  
15 interview with the ED from approximately 1:30pm - 2:15pm, and interviewed R1 along with Sarah  
16 Belgard from Adult Protective Services.  
17  
18 R1 reported that they were a victim of financial scam. R1 did not report the incident to the facility or their  
19 family until after the incident occurred. R1 stated that they filed a police report on 2/13/2026 and later  
20 that weekend informed their family. Records reviewed revealed that R1 is responsible for self; able to  
21 leave facility unassisted and handles own finances. R1 was a victim of fraud and financial scam.  
22  
23  
24 Pending case investigation report from the Ventura County Sheriff's Office, a supplemental report will be  
25 issued, if warranted. Exit interview held and copy of report provided.

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera

NAME OF LICENSING PROGRAM ANALYST: Zabel Chochian

**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 02/20/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/20/2026**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.