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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850243
Report Date: 07/24/2026
Date Signed: 07/29/2026 09:21:17 AM

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

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	ZIP CODE:	93021
CAPACITY: 112		CENSUS: 76	DATE:	07/24/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:45 AM
MET WITH:	Joey Alvarado		TIME VISIT/ INSPECTION COMPLETED:	04:45 PM

NARRATIVE

Licensing Program Analysts (LPA) Zabel Chochian conduct a required annual visit. Upon arrival LPA met with staff and Executive Director (ED) Joey Alvarado. Reason for visit was explained. The following documents/records was requested and reviewed: Resident and Staff roster; Emergency Disaster Plan, Infection control plans, fire alarm inspection and drills. Emergency Disaster and Infection control plan bot were reviewed this year 3/2026. Fire alarm inspection and drills are conducted by Fire Safety Company once a month and in addition in-service disaster drills are conducted quarterly by the ED. Last fire drill was conducted 7/2/2026.

At approximately 12pm-3:15m, LPA toured the physical plant areas inside and outside to ensure there are no health and safety hazards and facility is in compliance with Title 22 Regulations.
Fire extinguishers checked throughout the building observed full charged and last serviced on 01/20/2026. All required postings observed posted in the common areas. Facility consists of three floors: the basement has a theater, fitness room and a beauty salon for residents use. The 1st floor has lounge area, library, dining/bar area, kitchen and dining. The second floor has a activity room, therapy room and a poker area for residents use. All floors have 2 common restrooms which were checked and observed with sufficient paper products and soap; hot water measured within required range at 117.3-120 Fahrenheit in each common bathroom. The kitchen/food service and dining area located on the 1st floor was checked. Kitchen appliances were in operable condition; the facility has a sufficient supply of perishable and non-perishable food. (Continue to LIC809c)

Desaree Perera
Zabel Chochian

DATE: 07/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/24/2026

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 CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364

FACILITY NAME: LAUREL HEIGHTS **FACILITY NUMBER:** 565850243

VISIT DATE: 07/24/2026

NARRATIVE

Refrigerator, freezer and food pantry were checked for proper labels and expiration dates. Adequate supply of emergency food and water observed maintained at facility.

Memory Care kitchen/dining activity area was also checked. Everything observed in good repair in the memory care dining activity area. Sufficient snack and water also observed in the memory care dining area. Delayed egress exit doors checked and observed in working order.

During the tour the LPA also toured 10 (ten) randomly selected resident bedrooms (6 rooms in the assisted living and 4 rooms in the memory care). LPA met with residents and conducted random interviews during the room tour. Resident bedrooms were furnished appropriately with linens, appropriate furnishings, and sufficient lighting. The resident restrooms appeared clean and sanitary and in operating condition with grab bars and non-skid surfaces. The bathrooms were sufficiently stocked with supplies and paper towels; towels and washcloths. The hot water measured within required range 105 – 120 degrees Fahrenheit. Emergency alert alarm system checked from random resident rooms observed functioning properly and staff response time was under 5 minutes at the time of today's visit.

Due to time constraints, the annual inspection will be completed on a follow-up visit.

No deficiencies cited at this time. Exit interview conducted and a copy of report provided.

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera
NAME OF LICENSING PROGRAM ANALYST: Zabel Chochian
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 07/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/24/2026