

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850255
Report Date: 07/08/2026
Date Signed: 07/08/2026 12:21:59 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	
FACILITY EVALUATION REPORT			
FACILITY NAME: CALIFORNIA CARE RCFE BAXTER		FACILITY NUMBER: 565850255	
ADMINISTRATOR/OBTINALLA, MC RICHARD		FACILITY TYPE: 740	
DIRECTOR:			
ADDRESS: 283 BAXTER STREET		TELEPHONE: (805) 498-5685	
CITY: THOUSAND OAKS		STATE: CA ZIP CODE: 91320	
CAPACITY: 6		CENSUS: 4 DATE: 07/08/2026	
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME VISIT/ INSPECTION 09:44 AM	
MET WITH: Arnida Obtinalla		BEGAN: TIME VISIT/ INSPECTION 12:31 PM	
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Kelly Dulek arrived at the facility unannounced to conduct a required		
2	annual visit at 09:44AM. LPA was greeted by staff. Facility Designee Arnida Obtinalla was available		
3	shortly after the LPA's arrival. Entrance interview conducted.		
4			
5	Beginning at 09:55AM, the LPA, along with Facility Designee toured the physical plant areas inside and		
6	outside to ensure there are no health and safety hazards and that facility is in compliance with Title 22		
7	Regulations. The following was observed:		
8			
9	BEDROOMS: There are five (5) bedrooms in the facility; four (4) bedrooms are designated for resident		
10	use, including two (2) shared rooms, and two (2) private rooms. There is one (1) staff room, which was		
11	observed to be locked. All four (4) resident rooms were observed to be furnished appropriately with		
12	clean linens, appropriate furnishings and sufficient lighting.		
13			
14	BATHROOMS: There are two (2) bathrooms for resident use, one (1) of which is a shared resident		
15	restroom located in the hallway and one (1) is a private resident restroom. Restrooms were observed to		
16	be equipped with slip-resistant surfaces. Grab bars were observed in the bathrooms. The water		
17	temperature was measured in the shared resident bathroom to be 115.5 degrees Fahrenheit, which is		
18	within the required range.		
19			
20	KITCHEN: The LPA observed the kitchen/dining area to be clean. Kitchen appliances were in operable		
21	condition. The facility has a sufficient supply of seven (7) days perishable and two (2) days non-		
22	perishable food and emergency water. The LPA observed one designated cabinet where knives and		
23	sharps are stored Report Continued on LIC 809-C		
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan			
NAME OF LICENSING PROGRAM ANALYST: Kelly Dulek			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/08/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: CALIFORNIA CARE RCFE BAXTER **FACILITY NUMBER:** 565850255
VISIT DATE: 07/08/2026

NARRATIVE	
1	locked and inaccessible to residents. Cleaning supplies are located in a locked cabinet under the sink.
2	
3	LAUNDRY & GARAGE: The laundry room is located adjacent to the dining room. Laundry supplies and
4	chemicals are stored in a locked cabinet, inaccessible to residents in care. Garage was observed locked
5	and contained an additional freezer and pantry, which contained adequate emergency supplies.
6	
7	COMMON AREAS: This includes the living room and dining room areas. LPA observed common area to
8	be clean and properly furnished at the time of the visit. Fireplace was noted to be screened and
9	inaccessible to residents. The LPA observed the fire extinguisher to be fully charged and serviced on
10	12/19/2025. Hardwired smoke detectors and carbon monoxide detectors were tested at 10:03AM and
11	were functional at the time of the visit. All required postings were observed in the facility entryway.
12	
13	OUTDOOR SPACE: The backyard has a covered patio area with patio furniture including a table and
14	chairs for resident use. Facility has two total gates, one (1) gate was observed to be self-latching and
15	closing with clear passageways for emergency exit use. There were no bodies of water on the premises.
16	An outdoor shed was observed to be locked.
17	
18	RECORD REVIEW: Began at 10:11AM. Five (5) staff files and four (4) resident files were reviewed for
19	documents including, but not limited to: health screening, TB test, staff training records, fingerprint
20	clearance, resident physician's report, needs and service appraisal, and personal rights. All staff and
21	resident records observed contained all required documents.
22	
23	MEDICATION REVIEW: Began at 11:07AM. Medications for two (2) of four (4) residents were observed.
24	Medications were observed to be stored in a locked cabinet in the kitchen island. Medication
25	Administration Records (MAR) and Centrally Stored Medication and Destruction Records (CSMDR)
26	were reviewed. All medications reviewed were properly documented and appear to be self-administered
27	as prescribed.
28	
29	INFECTION CONTROL/EMERGENCY DISASTER PLANNING: During today's visit, the LPA reviewed
30	the facility's infection control practices and the facility's emergency disaster plan. The facility's policies
31	and procedures as it pertains to infection control are adequate. Emergency drills are conducted
32	quarterly; last emergency disaster drill was conducted 06/12/2026.
	INTERVIEWS: LPA interviewed one (1) staff and two (2) residents. No concerns were noted.
	No citations issued. Exit interview conducted. A copy of the report was provided.

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan	
NAME OF LICENSING PROGRAM ANALYST: Kelly Dulek	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/08/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/08/2026