

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850307

Report Date: 02/02/2026

Date Signed: 02/02/2026 02:27:16 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:	CONEJO VALLEY HOME CARE	FACILITY NUMBER:	565850307
ADMINISTRATOR/DIRECTOR:	ADMINISTRATOR/SHUBIN, MELISSA	FACILITY TYPE:	740
ADDRESS:	2476 DRAYTON AVE	TELEPHONE:	(805) 418-7646
CITY:	THOUSAND OAKS	STATE:	CA
CAPACITY:	6	ZIP CODE:	91360
TYPE OF VISIT:	Required - 1 Year	CENSUS:	4
		DATE:	02/02/2026
		UNANNOUNCED TIME VISIT/INSPECTION	09:45 AM
		BEGAN:	
MET WITH:	Melissa Shubin	TIME VISIT/INSPECTION	02:35 PM
		COMPLETED:	

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 9:45 a.m. Upon arrival, LPA Mosley was greeted by staff who
3 called the Administrator to inform them of the visit. The Administrator, Melissa Shubin arrived shortly
4 after and the reason for the visit was explained. Entrance interview.
5
6 The LPA and Administrator toured the physical plant areas inside and outside to ensure there are no
7 health and safety hazards and facility is in compliance with Title 22 Regulations.
8
9 The facility is a single-story home located in a residential neighborhood.
10
11 **COMMON AREAS:** This includes the living room, and dining room. At the time of the visit, furniture in
12 the common areas was observed to be in good condition. The facility maintained a comfortable
13 temperature. At 1:52 p.m., hardwire combination of smoke / carbon monoxide detectors were tested and
14 operational at the time of the visit. The fire extinguisher was observed and fully charged on 12/04/2025.
15 The emergency exiting plans/sketch are posted. The emergency telephone numbers are posted in the
16 common hallway. The LPA observed required postings throughout the common space. The last
17 emergency disaster drill took place on 12/22/2025 and are conducted quarterly. Activities were observed
18 in the common areas. The fireplace in the living room was adequately screened. There is a functioning
19 telephone on the premises. Auditory alarms at the entrances and exits were observed and functional at
20 the time of the visit.
21
22 **INTERVIEWS:** Starting at 9:57 a.m. two (2) staff and two (2) resident interviews were conducted. Staff
23 interviews revealed that staff are knowledgeable in Resident rights, different forms of abuse, and
24 reporting procedures. Resident interviews revealed that no concerns were noted or voiced at the time of
25 the visit. **Report Continued on LIC 809-C PAGE 2...**

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez

NAME OF LICENSING PROGRAM ANALYST: Erica Mosley

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 02/02/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/02/2026**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 WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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FACILITY NAME: CONEJO VALLEY HOME CARE

FACILITY NUMBER: 565850307

VISIT DATE: 02/02/2026

NARRATIVE

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

2 **BEDROOMS:** There are five (5) total bedrooms in the facility; four (4) bedrooms are designated as

3 private, single occupancy, resident rooms and one (1) is designated as a shared, double occupancy

4 resident room. There is no staff room and Administrator stated that staff remain awake at night. Two (2)

5 out of five (5) resident rooms have exits to the exterior. All passageways were observed to be clear of

6 obstructions. All resident rooms were observed to be furnished appropriately with clean linens,

7 appropriate furnishings, and sufficient lighting.

8 **RESTROOMS:** There are two (2) total restrooms. One (1) is designated as a shared / common resident

9 restroom, One (1) is designated as a private resident restroom. Resident restrooms were observed to be

10 equipped with a slip resistant surface / mat. Grab bars were observed in the restrooms. The restrooms

11 were sufficiently stocked with supplies and paper towels. The hot water temperature was measured in all

12 resident restrooms and ranged between 106.2 - 106.7 degrees Fahrenheit, all within the required range.

13 LPA observed storage space closets in the hallway containing extra clean linens and towels for resident

14 use.

15 **KITCHEN:** The LPA inspected the kitchen/food service area. Knives and sharps were observed in a

16 locked cabinet. Kitchen appliances were in operable condition. The facility has a sufficient supply of two

17 (2) day perishable and seven (7) day non-perishable food. Refrigerator and food pantry were checked

18 for proper labels and expiration dates. The kitchen faucet was measured for hot water temperature, and

19 it measured 118.6 degrees Fahrenheit within the required range. Cleaning supplies and other chemicals

20 are kept under the sink locked and inaccessible to residents in care.

21 **LAUNDRY ROOM:** LPA observed the locked laundry room adjacent to bedroom #5. Laundry room has

22 a washer, dryer, detergent and is kept locked at all times.

23 **BACKYARD:** The entire property is fenced. The backyard has a covered patio area with shade, patio

24 furniture including a table and chairs for resident use. All passageways were observed to be clear. LPA

25 observed one single latching gate. LPA observed a covered, locked, empty jacuzzi at the time of the

26 visit. LPA observed one (1) detached, outdoor garage which contained furniture and is inaccessible to

27 residents. Only one (1) pathway is used as an emergency exit which was free of obstructions at the time

28 of the visit.

29 **GARAGE:** The facility has two (2) garages. One (1) attached and one (1) detached. The attached

30 garage is accessible from the home adjacent to room #5 and staff rest area. LPA observed a portion of

31 the garage to be used as on office, and the remainder as storage of emergency food and water,

32 personal protection equipment (PPE) , incontinent supplies, and an extra refrigerator/freezer that was

checked for proper labels and expiration dates.LPA observed two (2) of two (2) garages. **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: 02/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 02/02/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA
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FACILITY NAME: CONEJO VALLEY HOME CARE

FACILITY NUMBER: 565850307

VISIT DATE: 02/02/2026

NARRATIVE

1 **(PAGE 3) Report Continued from LIC 809-C PAGE 2...**
2 **RECORDS: Resident Records** were reviewed beginning at 10:41 a.m. Four (4) Resident files were
3 reviewed for, but not limited to, the following: signed admission agreements, current medical
4 assessments with TB results, LIC627(c) Consent for Treatment form, PRN authorization letters, and
5 current needs and services plan. All records were in order. **Personnel Records** were reviewed
6 beginning at 11:31 a.m. five (5) Personnel files including the Administrator's file were reviewed for, but
7 not limited to: personnel records, health assessments, criminal record clearances, first aid/CPR training,
8 and the appropriate training. Two (2) out of five (5) staff training's were missing the specific date and
9 time they were conducted.
10 **INFECTION CONTROL/ EMERGENCY DISASTER PLANNING:** During today's visit the LPA reviewed
11 the facility's infection control practices and the facilities emergency disaster plan. Both documents were
12 observed to be complete and updated annually as required. The facilities policies and procedures, as
13 they pertain to infection control and emergency planning meet the regulatory standard.
14 **MEDICATIONS:** Medication review began at approximately 1:19 p.m. Medications are centrally stored
15 and locked in a closet adjacent to bedroom #5. Medications for two (2) residents were reviewed.
16 Medications are labeled and checked for expiration dates. All medications including PRNs were properly
17 documented on the centrally stored medications and destruction record, stored, locked and inaccessible
18 to residents in care. Medications reviewed were found to be self-administered as prescribed. No errors
19 observed during review. LPA observed the first aid supplies to be complete, including sterile first aid
20 dressings, bandages, tweezers, a thermometer and a current version of a first aid manual.
21 **DOCUMENTS:** Documents obtained during the visit include: LIC 500 facility roster and LIC 9020A
22 Resident roster and copy of the Limited Liability insurance. At the time of the visit the LPA reviewed the
23 facilities contact information on file including phone numbers, email and annual fees. Administrator
24 confirmed that all information is accurate.
25 The following deficiencies were observed (See LIC 809-D.) and cited from the California Code of
26 Regulations, Title 22 and California Health and Safety Code. The Licensee was made aware that failure
27 to correct the deficiencies may result in civil penalties. Exit interview conducted. A copy of the report and
28 appeal rights were provided.
29
30
31
32

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST: Erica Mosley
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 02/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 02/02/2026

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Created By: Erica Mosley On 02/02/2026 at 02:00 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
, 21731 VENTURA BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY NAME: CONEJO VALLEY HOME CARE

FACILITY NUMBER: 565850307

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/02/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type B	Section Cited	CCR	87412(c)(2)(C)
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Personnel Records

(c) Licensees shall maintain in the personnel records verification of required staff training and orientation. (2) Documentation of staff training shall include: (C) Date(s) of attendance; and



This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on record review, the licensee did not comply with the section cited above in two (2) out of five (5) staff training records were missing the specific date, and time of the training which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 02/16/2026	
Plan of Correction	
1	Licensee representative agrees to review all staff files and input the missing information including the specific time, and date the training was completed and send LPA a written statement of understanding of the regulation and that the task has been completed by POC due date.
2	
3	
4	

		Section Cited			
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Deficient Practice Statement	
1	
2	
3	
4	
POC Due Date:	
Plan of Correction	
1	
2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST:	Erica Mosley
LICENSING PROGRAM ANALYST SIGNATURE:	 DATE: 02/02/2026
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