

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850367
Report Date: 09/18/2025
Date Signed: 09/18/2025 03:18:21 PM

Document Has Been Signed on 09/18/2025 03:18 PM - It Cannot Be Edited

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:	COLONY OF THOUSAND OAKS AT SIDLEE EAST INC	FACILITY NUMBER:	565850367
ADMINISTRATOR/MANAHAN, JASMIN		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	415 EAST SIDLEE STREET	TELEPHONE:	(805) 601-5085
CITY:	THOUSAND OAKS	STATE: CA	ZIP CODE: 91360
CAPACITY: 6	CENSUS: 5	DATE:	09/18/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	10:00 AM
		BEGAN:	
MET WITH:	Licensee Representative- Dr. Rashita Aggarwal	TIME VISIT/INSPECTION	03:25 PM
	Elenor Jimenez - Administrative Staff		
	Manju Natarajan - Administrative Staff	COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Erica Mosley arrived at the facility unannounced to conduct a required annual visit and entered the facility at 10 a.m. Upon arrival, LPA Mosley was greeted by staff and Designee Elenor Jimenez who called the Administrator to inform them of the visit. The Licensee Representative, Dr. Rashita Aggarwal arrived shortly after and the reason for the visit was explained. Entrance interview. The LPA and staff / Administrator 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.
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8	COMMON AREAS: This includes the living room, and dining room. At the time of the visit, furniture in the common areas was observed to be in good condition. The facility maintained a comfortable temperature. At 12:40 p.m., hardwire combination of smoke / carbon monoxide detectors were tested and operational at the time of the visit. The fire extinguisher was observed and fully charged on 11/04/2024. The emergency exiting plans/sketch are posted in every room. The emergency telephone numbers are posted in the common hallway. The LPA observed required postings throughout the common space. The last emergency disaster drill took place on 07/28/2025 and are conducted quarterly. Activities were observed in the common areas. The fireplace in the living room was adequately screened and non functional. There is a functioning telephone on the premises.
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15	INTERVIEWS: Starting at 10:10 a.m. one (1) staff and two (2) resident interviews were conducted. Staff interview revealed that staff are knowledgeable in Resident rights, different forms of abuse, and reporting procedures. Resident interview revealed that no concerns were noted or voiced at the time of the visit.
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22	Report Continued on LIC 809-C PAGE 2...
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/18/2025

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: COLONY OF THOUSAND OAKS AT
SIDLEE EAST INC

FACILITY NUMBER: 565850367

VISIT DATE: 09/18/2025

NARRATIVE	
1	(PAGE 2) Report Continued from LIC 809-C...
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3	KITCHEN: The LPA inspected the kitchen/food service area at 10:20 a.m. Knives and sharps were
4	observed in a locked pantry. Kitchen appliances were in operable condition. The facility has a sufficient
5	supply of two (2) day perishable and seven (7) day non-perishable food. Refrigerator and food pantry
6	were checked for proper labels and expiration dates. The kitchen faucet was measured for hot water
7	temperature, and it measured 110.1 degrees Fahrenheit at 10:21 a.m. Cleaning supplies and other
8	chemicals are kept locked under the sink inaccessible to residents in care.
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10	BEDROOMS: There are six (6) total bedrooms in the facility; all six (6) bedrooms are designated as
11	private, single occupancy, resident rooms. Three (3) out of six (6) resident rooms have exits to the
12	exterior. All passageways were observed to be clear of obstructions. All resident rooms were observed
13	to be furnished appropriately with clean linens, appropriate furnishings, and sufficient lighting.
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15	RESTROOMS: There are three (3) total restrooms. Two (2) are designated as a shared / common
16	resident restroom, One (1) is designated as a private resident restroom. Resident restrooms were
17	observed to be equipped with a slip resistant surface / mat. Grab bars were observed in the restrooms.
18	The restrooms were sufficiently stocked with supplies and paper towels. The hot water temperature was
19	measured in all resident restrooms and ranged between 105.6-119.1 degrees Fahrenheit, all within the
20	required range. LPA made Licensee representative aware that the regulatory standard is 105-120
21	degrees Fahrenheit. LPA observed storage space closets in hallway containing extra clean linens and
22	towels for resident use.
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24	LAUNDRY/GARAGE: The laundry area / attached garage is accessible through the kitchen adjacent to
25	bedroom #1 and is kept locked at all times. LPA observed a washer and dryer along with laundry
26	detergent and other chemicals that are stored inaccessible. LPA observed two staff lounge areas
27	designated for staff use.
28	
29	BACKYARD: The entire property is fenced. The backyard has a covered patio area with shade, patio
30	furniture including a table and chairs for resident use. LPA observed one (1) self-latching gate. There
31	were no bodies of water noted at the time of the visit. Only 1 (one) pathway is used as an emergency
32	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: 09/18/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/18/2025

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION
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NARRATIVE

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

RECORDS: Resident Records were reviewed beginning at 10:49 a.m. Five (5) Resident files were reviewed for, but not limited to, the following: signed admission agreements, current medical assessments with TB results, LIC627(c) Consent for Treatment form, PRN authorization letters and current needs and services plan. All records were in order. **Personnel Records** were reviewed beginning at 11:35 a.m. five (5) Personnel files including the Administrator's file were reviewed for, but not limited to: personnel records, health assessments, criminal record clearances, first aid/CPR training, and the appropriate training. All records were in order.

INFECTION CONTROL/ EMERGENCY DISASTER PLANNING: During today's visit the LPA reviewed the facility's infection control practices and the facilities emergency disaster plan. The facilities policies and procedures, as they pertain to infection control and emergency planning, meet the regulatory standard.

MEDICATIONS: Medication review began at approximately 12:10 p.m. Medications are centrally stored and locked in a cabinet located in the kitchen. Medications for four (4) residents were reviewed. Medications are labeled and checked for expiration dates. All medications including PRNs were labeled, stored, and locked inaccessible to residents in care. Medications reviewed were found to be self-administered as prescribed and documented on the centrally stored medication and destruction records. No errors observed during review.

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

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

DATE: 09/18/2025

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