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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850390
Report Date: 04/03/2025
Date Signed: 04/04/2025 08:27:16 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 WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364

FACILITY NAME:	HOME SWEET HOME VAN BUREN			FACILITY NUMBER:	565850390
ADMINISTRATOR/ DIRECTOR:	VALENCIA, GLORIA P.			FACILITY TYPE:	740
ADDRESS:	7520 VAN BUREN STREET			TELEPHONE:	(805) 659-4427
CITY:	VENTURA	STATE: CA		ZIP CODE:	93003
CAPACITY: 6		CENSUS: 5		DATE:	04/03/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED		TIME VISIT/ INSPECTION BEGAN:	02:16 PM
MET WITH:	Karthik Kanakaraj			TIME VISIT/ INSPECTION COMPLETED:	04:35 PM

NARRATIVE

Licensing Program Analyst (LPA) Teresa Camara conducted a required annual visit. LPA met with administrator Karthik "Raj" Kanakaraj and explained the reason for the visit.

LPA conducted the physical plant tour to ensure there are no health and safety hazards and the facility is in compliance with Title 22 Regulations. The fire extinguishers appeared fully charged and were purchased 4/1/2024. The hardwired smoke detectors and the carbon monoxide detector were tested and functional at the time of the visit. No fire clearance concerns were observed.

KITCHEN: LPA observed the kitchen to be clean. Kitchen appliances appeared to be in operable condition. The facility has a sufficient supply of non-perishable and perishable food. Cleaning supplies are located in a locked cabinet under the kitchen sink. Knives are stored in a locked drawer. Water temperature was 105*F.

COMMON AREAS: This includes the living room and dining room areas. LPA observed common area to be clean and properly furnished at the time of the visit. The laundry room door leading to the garage was locked. The garage contains more perishable food, water, PPE, incontinence supplies and cleaning supplies.

BEDROOMS: There are eight (8) total bedrooms in the facility; six (6) bedrooms are designated for resident use and two (2) for staff. The staff rooms are kept locked. All resident rooms were observed to be furnished appropriately with clean linens and sufficient lighting.

Report Continued on LIC 809-C

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera

NAME OF LICENSING PROGRAM ANALYST: Teresa Camara **LICENSING PROGRAM ANALYST SIGNATURE:**	
	**DATE:** 04/03/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	**DATE:** 04/03/2025

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.

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

FACILITY NAME: HOME SWEET HOME VAN BUREN **FACILITY NUMBER:** 565850390

VISIT DATE: 04/03/2025

NARRATIVE

Report Continued from LIC 809

BATHROOMS: There are two (2) bathrooms for resident use. Bathrooms were observed to be equipped with nonskid mats and grab bars. The water temperature was measured at 105*F.

OUTDOOR SPACE: The backyard has a covered patio area with patio furniture including a table and chairs for resident use. All passageways were observed to be clear. There were no bodies of water on the premises.

RECORD REVIEW: Staff and resident records were reviewed for documents including, but not limited to: health screening, TB test, staff training records, fingerprint clearance, resident physician's report, needs and service appraisal, and personal rights. Three staff files and five resident files were reviewed and in compliance with regulations. All training were observed to be complete.

INFECTION CONTROL/EMERGENCY DISASTER PLANNING: LPA reviewed the facility's infection control practices and the facility's emergency disaster plan. The facility’s policies and procedures as it pertains to infection control are adequate. Emergency disaster drills are usually conducted quarterly. In 2024 they conducted the drills quarterly. In 2025, there were staff away on vacation so the first drill was postponed to April. The administrator plans to conduct drills in April and June to catch up. The facility's emergency disaster plan was observed to be complete, however it has not been updated with the new administrator's information.

MEDICATION REVIEW: Medications for two (2) residents were reviewed. Medications observed were labeled, stored, and properly documented at the time of the visit. Medications appear to be given as prescribed.

INTERVIEWS: LPA attempted interviews with two (2) residents. LPA interviewed two (2) staff. No concerns noted.

No deficiencies cited. Exit interview conducted. A copy of today's report was provided.

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera
NAME OF LICENSING PROGRAM ANALYST: Teresa Camara
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 04/03/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 04/03/2025