

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850483
Report Date: 07/27/2026
Date Signed: 07/27/2026 01:48:13 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:	COLONY OF THOUSAND OAKS AT SIDLEE, INC.	FACILITY NUMBER:	565850483
ADMINISTRATOR/AGGARWAL, RASHITA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(570) 290-3407
ADDRESS:	117 W SIDLEE STREET	ZIP CODE:	91360
CITY:	THOUSAND OAKS	STATE:	CA
CAPACITY:	6	CENSUS:	6
DATE:		DATE:	07/27/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	10:00 AM
MET WITH:	Elenor Jimenez - Administrative Staff Manju Natarajan - Administrative Staff	BEGAN: TIME VISIT/INSPECTION	02:00 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Erica Mosley arrived at the facility unannounced to conduct a required annual visit at 10:00 AM. LPA was greeted by Administrative staff Elenor Jimenez and Manju Natarajan and was informed that Licensee Representative Dr. Rashiya Aggarwal would not make todays visit due to being out of the county but designated both staff to sign on their behalf and present LPA with LIC 308 Designation of facility responsibility form. Entrance interview conducted and the reason for the visit was explained.
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8	Beginning at 10:08 AM, the LPA, along with Administrative staff toured the physical plant areas inside and outside to ensure there are no health and safety hazards and that facility is in compliance with Title 22 Regulations. The following was observed: COMMON AREAS: This includes the living room, dining room, and hallways. LPA observed the living room to be clean and properly furnished at the time of the visit. The living room contains chairs, a television, and activities for resident use. Additionally, the living room was observed to contain an appropriately screened fireplace. The dining room was observed to be clean and contained adequate amounts of seating for resident use. The dining room contained a fire extinguisher. It was fully charged and last serviced on 03/15/2026. The hallway was observed to contain a storage cabinet that contained linens and additional care supplies. LPA observed all required postings for the facility located on the living room wall and hallway wall. Combination fire alarms and fire doors were tested at 10:58 a.m. and functioned properly at the time of inspection. LPA observed cameras throughout the common areas of the facility. The Administrative staff confirmed that the cameras do not record audio. Continued on LIC 809C.
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Kasandra Lopez	
Erica Mosley	

DATE: 07/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/27/2026

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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: COLONY OF THOUSAND OAKS AT SIDLEE, INC. **FACILITY NUMBER:** 565850483 **VISIT DATE:** 07/27/2026

NARRATIVE	
1	(PAGE 2) Report continued from LIC 809....
2	BEDROOMS: There are eight (8) bedrooms in the facility; six (6) are a single occupancy resident rooms
3	and two (2) are staff bedrooms. LPA and Administrative staff toured all eight (8) bedrooms. All resident
4	rooms were observed to be furnished appropriately with clean linens, appropriate furnishings, and
5	sufficient lighting. Auditory alarms were observed on facility exits and were functioning at the time of
6	inspection. The staff bedrooms were observed to be properly secured and inaccessible to residents in
7	care.
8	
9	BATHROOMS: There are five (5) bathrooms at the facility. Two (2) bathrooms are designated as
10	shared/common resident bathrooms and three (3) are designated as a private resident bathrooms. All
11	bathrooms were observed to be clean and in good repair and all were equipped with nonskid surfaces.
12	Grab bars were observed in resident showers and near resident toilets, all were properly secured. The
13	water temperature was measured between 116.6 - 120.0 degrees Fahrenheit, which is within the range
14	required by regulation. LPA advised the Administrative staff that the water was at the maximum and
15	reviewed the regulatory standard of 105 -120 degrees Fahrenheit. Administrative staff stated they would
16	adjust the water temperature to ensure the water is below the 120. Technical advisory given.
17	
18	KITCHEN/LAUNDRY: The LPA observed the kitchen area to be clean. Kitchen appliances were in
19	operable condition. The facility has a sufficient supply of two (2) days perishable and seven (7) days
20	non-perishable food. LPA observed a secured drawer to contain knives and other sharp objects. LPA
21	observed the laundry to be located adjacent to the kitchen. LPA observed an un-secured cabinet under
22	the sink to contain cleaning supplies such as Clorox and Ajax posing a potential health and safety right
23	risk to persons in care. At the time of the visit the Administrative staff relocated the items to the locked
24	cleaning cabinet located in the laundry area. Additionally, the Administrative staff had a conversation
25	with facility staff educating them of the importance of securing cleaning chemicals at the facility.
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30	OUTDOOR SPACE: The facility has two (2) emergency exit gates located in the back yard on either
31	side of the facility. All fences/railings located at the facility were secured properly. LPA observed clear
32	passageways for emergency exit use. The facility has adequate shaded seating outdoors for resident
	use. LPA observed the backyard of the facility to contain a pool. LPA observed two (2) of two (2) gates to
	the pool to be properly secured / locked.
	Continued on LIC 809C.

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez	
NAME OF LICENSING PROGRAM ANALYST: Erica Mosley	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/27/2026

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/27/2026

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

BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY NAME: COLONY OF THOUSAND OAKS AT
SIDLEE, INC.

FACILITY NUMBER: 565850483

VISIT DATE: 07/27/2026

NARRATIVE	
1	(PAGE 3) Report continued from LIC 809-C page 2....
2	
3	RECORD REVIEW: Record review began at 11:00 a.m. Staff and resident records were reviewed for
4	documents including, but not limited to: health screening, TB test, staff training records, fingerprint
5	clearance, resident physician's report, needs and service appraisal, first aid certification, consent forms,
6	and personal rights. Six (6) staff files were reviewed. All staff files contained the required documentation
7	and training's. Six (6) resident files were reviewed. No errors observed. At the time of the visit LPA
8	conducted a business search to ensure the Business / LLC is in good standing, all records in order.
9	
10	MEDICATION REVIEW: Medication review began at 12:32 p.m. Medications are stored centrally and
11	securely in a cabinet in the hallway. Medications for two (2) residents were observed. All medications
12	observed were documented appropriately on their centrally stored medication and destruction record
13	sheets and their Medication Administration Record sheets. No deficiencies were observed during
14	medication review.
15	
16	INFECTION CONTROL/ EMERGENCY DISASTER PLANNING: During today's visit the LPA reviewed
17	the facility's infection control practices and the facilities emergency disaster plan. The facilities policies
18	and procedures, as they pertain to infection control and emergency planning, meet the regulatory
19	standard. Emergency disaster was reviewed on 06/30/2026 and infection control was reviewed on
20	04/16/2026. The last emergency disaster drill took place on 06/11/2026 and are conducted quarterly.
21	
22	INTERVIEWS: LPA interviewed one (1) staff and one (1) resident. The resident interviewed stated that
23	the staff treat them well and are attentive to their needs. The resident interviewed had no concerns with
24	the facility. The staff member interviewed was knowledgeable on their role and responsibilities, resident
25	rights, the different forms of abuse and the appropriate reporting procedures for suspected abuse.
26	
27	During today's visit LPA obtained a copy of the facility's LIC 500, resident roster, and liability insurance.
28	
29	At the time if the visit the LPA reviewed the facilities contact information on file including phone numbers,
30	email and annual fees. Administrator confirmed that all information is accurate.
31	
32	The following deficiencies were observed (See LIC 809-D.) and cited from the California Code of
	Regulations, Title 22 and California Health and Safety Code. The Licensee was made aware that failure
	to correct the deficiencies may result in civil penalties. Exit interview conducted. A copy of the report and
	appeal rights were provided.

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez	
NAME OF LICENSING PROGRAM ANALYST: Erica Mosley	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/27/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/27/2026

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Created By: Erica Mosley On 07/27/2026 at 01:23 PM
Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	, 21731 VENTURA BLVD. #250
	WOODLAND HILLS, CA 91364

FACILITY NAME: COLONY OF THOUSAND OAKS AT SIDLEE, INC.
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 565850483
VISIT DATE: 07/27/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Storage Space and Access

(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on observation the licensee did not comply with the section cited above in cleaning supplies such
2 as Clorox cleaning solution and Ajax were under the sink unlocked which poses/posed a potential
3 health, safety or personal rights risk to persons in care.
4

POC Due Date: 08/10/2026

Plan of Correction

1 At the time of the visit the Administrative staff relocated the items to the locked cleaning cabinet and
2 spoke to staff regarding the location of cleaning supplies. Administrative staff will conduct a staff training
3 on the importance of securing chemicals by POC due date referencing regulation 87309 and send sign in
4 sheet to LPA.

Section Cited

Deficient Practice Statement

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POC Due Date:

Plan of Correction

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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: 07/27/2026

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FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/27/2026