

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850505
Report Date: 08/12/2026
Date Signed: 08/12/2026 04:28:08 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:	ALMA CARE SENIOR LIVING LLC	FACILITY NUMBER:	565850505
ADMINISTRATOR/HEREDIA, VICTOR DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	814 E. AVENIDA DE LOS ARBOLES	TELEPHONE:	(805) 331-8320
CITY:	THOUSAND OAKS	STATE: CA	ZIP CODE: 91360
CAPACITY: 3	CENSUS: 2	DATE:	08/12/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	09:25 AM
MET WITH:	Martha Heredia - Facility Designee	BEGAN: TIME VISIT/ INSPECTION	04:35 PM
		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 9:25 a.m. Upon arrival, LPA Mosley was greeted by staff who called the Administrator to inform them of the visit. The facility designee, Martha Heredia arrived shortly after and the reason for the visit was explained. Entrance interview. The facility is a double story residence located in a residential neighborhood. The facility is fire cleared for two non-ambulatory rooms (one shared and one private room) located on the first floor of the facility (total capacity of three (3) non-ambulatory residents). The LPA and Staff 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. INTERVIEWS: Starting at 9:33 a.m. and throughout the visit one (1) staff and one (1) resident interview 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. 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 2:37 p.m., hardwire combination of smoke, carbon monoxide detectors and fire door were tested and operational at the time of the visit. The fire extinguisher was observed and fully charged on 07/15/2026. 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. Activities were observed in the common areas. There is a functioning telephone on the premises. Auditory alarms at the entrances and exits were tested and observed to be functional at the time of the visit. Report Continued on LIC 809-C PAGE 2...
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Kasandra Lopez
Erica Mosley

DATE: 08/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/12/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)
California Health & Human Services Agency

Page: 1 of 7
California Department of Social Services

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

FACILITY NAME: ALMA CARE SENIOR LIVING LLC **FACILITY NUMBER:** 565850505
VISIT DATE: 08/12/2026

NARRATIVE	
1	(PAGE 2) Report Continued from LIC 809-C...
2	
3	BEDROOMS: There are three (3) total bedrooms in the facility; two (2) bedrooms on the first floor
4	(designated for residents) and one (1) bedroom upstairs for the operators/staff. Of the two (2) resident
5	bedrooms one (1) is designated as private, single occupancy, resident room and one (1) is designated
6	as a shared double occupancy resident room. At the time of the visit both rooms were set up as private
7	single occupancy resident rooms. The upstairs staff room and area is kept locked at all times. The
8	stairway leading to the staff area and staff room is locked with a gate. All passageways were observed
9	to be clear of obstructions. All resident rooms were observed to be furnished appropriately with clean
10	linens, appropriate furnishings, and sufficient lighting.
11	
12	RESTROOMS: There are two (2) total restrooms in the facility of which one (1), on the first floor is
13	designated as a shared / common resident restroom, and one (1), on the second floor is designated as
14	a staff restroom. Resident restroom was observed to be equipped with a slip resistant mat. Grab bars
15	were observed in the restroom. The restroom was sufficiently stocked with supplies and paper towels.
16	The hot water temperature was measured in the resident restroom and measured 117.1 degrees
17	Fahrenheit, within the required range. LPA observed storage space closets in hallway containing extra
18	clean linens and towels for resident use.
19	
20	KITCHEN: The LPA inspected the kitchen/food service area. Knives and sharps were observed in a
21	locked drawer. Kitchen appliances were in operable condition. The facility has a sufficient supply of two
22	(2) day perishable and seven (7) day non-perishable food. Refrigerator and food pantry were checked
23	for proper labels and expiration dates. The kitchen faucet was measured for hot water temperature, and
24	it measured 118.1 degrees Fahrenheit. Cleaning supplies and other chemicals are kept under the sink
25	and garage locked and inaccessible to residents in care.
26	
27	BACKYARD: The entire property is fenced. The backyard has a patio area with an umbrella for shade,
28	patio furniture including a table and chairs for resident use. LPA observed the backyard of the facility to
29	contain a pool that was completely fenced and locked at the time of the visit. All passageways were
30	observed to be clear. LPA observed two (2) self-latching gates. There are two (2) locked storage sheds
31	in the back yard inaccessible to residents. Only 1 (one) pathway is used as an emergency exit which
32	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: 08/12/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/12/2026

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

FACILITY NAME: ALMA CARE SENIOR LIVING LLC **FACILITY NUMBER:** 565850505

NARRATIVE

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

2
3 **GARAGE:** The garage is detached to the house and remains locked at all times. The laundry room
4 containing a washer and dryer are inside the garage. Detergents, disinfectants, and cleaning supplies
5 observed locked and inaccessible in the garage. LPA observed an adequate amount of emergency food
6 and water.

7
8 **RECORDS: Resident Records** Two (2) Resident files were reviewed for, but not limited to, the
9 following: signed admission agreements, current medical assessments with TB results, Pre- admission
10 appraisal, LIC627(c) Consent for Treatment form, Home Health records, Hospice records, PRN
11 authorization letters, and current needs and services plan. All records were in order. **Personnel**
12 **Records** Five (5) Personnel files including the Administrator's file were reviewed for, but not limited to:
13 personnel records, health assessments, criminal record clearances, first aid/CPR training, and the
14 appropriate training. During the review LPA discovered that two (2) of five (5) staff were missing proof of
15 their initial 40 hour training and their 6 hours of hands on medication training which poses a potential
16 health and safety rights risk to persons in care. At the time of the visit LPA conducted a business search
17 to ensure the Business / LLC is in good standing ; LLC is Active and in good standing.

18
19 **INFECTION CONTROL/ EMERGENCY DISASTER PLANNING:** During today's visit the LPA reviewed
20 the facility's infection control practices and the facilities emergency disaster plan. Both documents were
21 observed to be complete and updated annually as required. The facilities policies and procedures, as
22 they pertain to infection control and emergency planning meet the regulatory standard. The last
23 emergency disaster drill took place on 6/12/26 and are conducted quarterly. The emergency disaster
24 plan was reviewed on 6/12/2026 and the infection control plan was reviewed on 6/25/26.

25
26 **MEDICATIONS:** Medication review began at approximately 12:23 p.m. Medications are centrally stored
27 and locked in a cabinet in the dining room adjacent to the living room. Medications for two (2) residents
28 were reviewed. Medications are labeled and checked for expiration dates. During the review LPA
29 discovered that one (1) out of two (2) residents medications were not properly documented on the
30 centrally stored medications and destruction record(CSMDR). Six (6) out of seventeen (17) medications
31 were not documented on the (CSMDR) which poses an immediate health and safety rights risk to
32 residents in care. LPA observed the first aid supplies to be complete, including sterile first aid dressings,
bandages, tweezer, a thermometer and a current version of a first aid manual. **Report Continued on**
LIC 809-C PAGE 4...

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez

NAME OF LICENSING PROGRAM ANALYST: Erica Mosley

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/12/2026

LIC809 (FAS) - (06/04)

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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: ALMA CARE SENIOR LIVING LLC

FACILITY NUMBER: 565850505

VISIT DATE: 08/12/2026

NARRATIVE

1 (PAGE 4) Report Continued from LIC 809-C PAGE 3...

2
3 **DOCUMENTS:** Documents obtained during the visit include: LIC 500 facility roster, LIC 9020A Resident
4 roster and copy of the Limited Liability insurance.

5
6 At the time if the visit the LPA reviewed the facilities contact information on file including phone numbers,
7 email and annual fees. Administrator confirmed that all information is accurate.

8
9 The following deficiencies were observed (See LIC 809-D.) and cited from the California Code of
10 Regulations, Title 22 and California Health and Safety Code. The Licensee was made aware that failure
11 to correct the deficiencies may result in civil penalties. Exit interview conducted. A copy of the report and
12 appeal rights were provided.
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NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez

NAME OF LICENSING PROGRAM ANALYST: Erica Mosley

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/12/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/12/2026

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FACILITY EVALUATION REPORT (Cont)

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COMMUNITY CARE LICENSING DIVISION
, 21731 VENTURA BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY NAME: ALMA CARE SENIOR LIVING LLC

FACILITY NUMBER: 565850505

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/12/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87465(a)(6)	
Incidental Medical and Dental Care Services					
(6) When requested by the prescribing physician or the Department, a record of dosages of medications which are centrally stored shall be maintained by the facility.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation, interview, and record review, the licensee did not comply with the section cited				
2	above in one (1) out of two (2) residents medications were not documented on the CSMR (6 out of 17 of				
3	their medications were not documented) which poses an immediate health, safety or personal rights risk				
4	to persons in care.				
	POC Due Date: 08/13/2026				
	Plan of Correction				
1	Administrator will submit a self-certification confirming they have reviewed the regulation and submit to				
2	LPA by POC due date 08/13/2026. The Administrator will develop a written protocol for trained staff				
3	outlining procedures for receiving and centrally storing medications. The Administrator will review all				
4	received medications daily - weekly to ensure accuracy, proper documentation, and compliance by 08/26/26.				
		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: 08/12/2026
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DEFICIENCY INFORMATION FOR THIS PAGE:	VISIT DATE: 08/12/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	HSC	1569.625(b)(1)	
Other Provisions					
(1) The department shall adopt regulations to require staff members of residential care facilities for the elderly who assist residents with personal activities of daily living to receive appropriate training. This training shall consist of 40 hours of training. A staff member shall complete 20 hours, including six hours specific to dementia care, as required by subdivision (a) of Section 1569.626 and four hours specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696, before working independently with residents. The remaining 20 hours shall include six hours specific to dementia care and shall be completed within the first four weeks of employment. The training coursework may utilize various methods of instruction, including, but not limited to, lectures, instructional videos, and interactive online courses. The additional 16 hours shall be hands-on training.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on interview and record review, the licensee did not comply with the section cited above in 2 out				
2	of 5 staff did not have their initial 40 hours of training and 6 hours of hands on medication training				
3	documented at the time of the visit which poses/posed a potential health, safety or personal rights risk to				
4	persons in care.				

	POC Due Date: 08/26/2026
	Plan of Correction
1	The Administrator will include the required training documentation into staff files and submit proof of the current staff's completed training by the POC due date. Administrator will ensure that initial training is documented moving forward.
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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:	
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