

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850509

Report Date: 01/23/2026

Date Signed: 01/23/2026 05:03:57 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME: GREEN VALLEY HOME CARE	FACILITY NUMBER: 565850509
ADMINISTRATOR/ZANDERS, VANNESSA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 2651 BANCOCK ST	TELEPHONE: (805) 579-0040
CITY: SIMI VALLEY	STATE: CA
CAPACITY: 6	ZIP CODE: 93065
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
	DATE: 01/23/2026
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 09:36 AM
MET WITH: Norma Zanders	TIME VISIT/INSPECTION
	COMPLETED: 02:30 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Brian Balisi arrived at the facility unannounced to conduct a required
2 annual visit at 9:30am. Upon arrival LPA met with staff and explained the reason for the visit. Licensee
3 Norma Zanders arrived shortly after.
4 At approx. 09:45am, LPA toured the physical plant areas inside and outside to ensure there are no
5 health and safety hazards and facility is in compliance with Title 22 Regulations. Facility is a single-story
6 residence and consists of a total of five (5) bedrooms and two (2) bathrooms. During physical plant tour
7 LPA observed the required postings throughout the facility.
8 The kitchen appeared to be clean and the appliances and fixtures functional during the time of visit. LPA
9 observed a sufficient amount of perishable and non-perishable food at the facility; properly stored. Sharp
10 objects are stored underneath the sink no cleaning supplies or products were observed stored in this
11 area. There was a staff room next to the kitchen. LPA observed it inaccessible to residents in care and
12 empty at the time of the visit.
13 The resident bedrooms were properly furnished with a bed, night stand, and sufficient lighting for each
14 resident. The bedrooms had appropriate and adequate bedding and linens such as sheets, pillowcases,
15 mattress pads, and blankets. Hallway closet near Room #4 was observed to be to store a sufficient
16 supply of linen. LPA observed bathrooms to be clean, properly supplied and had functional fixtures. LPA
17 observed non-skid mats. The hot water was measured in each bathroom between 105 - 120 degrees
18 Fahrenheit. Laundry area located next to bedroom #3. LPA observed cleaning supplies and detergent
19 inaccessible to residents in care.
20 The common areas were checked for cleanliness and furniture was checked for functionality during time
21 of visit. Medications are stored in a locked cabinet next to the television. LPA observed it to be
22 inaccessible to residents in care.
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera

NAME OF LICENSING PROGRAM ANALYST: Brian Balisi

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/23/2026

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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364</p>
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FACILITY NAME: GREEN VALLEY HOME CARE

FACILITY NUMBER: 565850509

VISIT DATE: 01/23/2026

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>There is a dedicated area for the posting of required documents located in the sunken living room in the office area. There is a fireplace that is non-operable at this time. It is screened and there are no tools. LPA observed appropriate signage regarding infection control posted throughout the facility. The facility maintained a comfortable temperature. Smoke detector(s) and carbon monoxide detectors were operational at the time of the visit. Fire extinguishers were observed fully charged and last serviced July 29, 2025. The exterior passageways were clean and clear of any obstructions. The entire property is not fenced. The back and sides of the house are separated from the front yard by gates at the east and west side passageways. The gates in the backyard has a self-latching mechanism for persons to exit the backyard. LPA observed appropriate furniture for outdoor use. There is an attached garage that is only accessible from the exterior of the home. LPA observed it to be used as a storage area at this time. LPA observed a 30 day supply of PPE, incontinent supplies, extra perishable food stored in the an extra fridge and freezer along with a 30 day emergency food supply.</p> <p>Records review, six (6) client records were reviewed for, but not limited to: appraisals, medical records, admissions agreement, consent forms. Six (6) Personnel records were reviewed for, but not limited to: personnel records, health assessments, criminal record clearances, first aid/CPR training, and the appropriate training. All files were observed to be in order at this time .</p> <p>Medication review, medications for all residents were observed. All medications were stored properly and were appropriately documented on their respective centrally stored medication and destruction record sheets. No deficiencies were observed during medication review.</p> <p>Infection control / Emergency Disaster plan: During today's visit, the 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 to be conducted quarterly; the facility's last emergency disaster drill was conducted on 01/15/2026. The facility's emergency disaster plan is up to date and is adequate. Both the infection control plan and the emergency disaster plan are reviewed/updated annually by the facility's administrator. Smoke detectors and carbon monoxide detectors were tested, all alarms were functional at the time of the visit.</p> <p>During today's visit LPA obtained a copy of the facility's LIC 500 and resident roster. Exit interview conducted and copy of the report was issued.</p>

<p>NAME OF LICENSING PROGRAM MANAGER: Desaree Perera NAME OF LICENSING PROGRAM ANALYST: Brian Balisi LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 01/23/2026</p>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<p>FACILITY REPRESENTATIVE SIGNATURE:</p>	<p>DATE: 01/23/2026</p>
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